US.96
P9N5N2d
V.5, no. 10
Room
Sociology & Economics
Detroit Public Library
SE

health digest
Vol. 5, No. 10, October 1973

nhd

Featuring the Family

1 **A Family Perspective on Adolescent Runaways**
by Helm Stierlin

5 **Relationship Among Measures of Family Power**
by Trevor R. Hadley and Theodore Jacob

8 **Voluntarily Childless Wives: An Exploratory Study**
by J. E. Veevers

12 **Who Wants the Children? Some Relationships Among Attitudes Toward Children, Parents, and the Liberation of Women**
by Bernice E. Lott

16 **The Importance of Childhood Experience in Relation to Problems of Marriage and Family-Building**
by Eva A. Frommer and Gillian O'Shea

17 **Contemporary Communal Child Rearing: A First Analysis**
by Charles M. Johnston and Robert W. Deisher

21 **Family Structure and Treatment in the Military**
by Allen Frances and Leonard Gale

24 **Using Parents as Change Agents for Their Children: A Review**
by Claudia A. Johnson and Roger C. Katz

32 **Relatives' Perceptions of Rural and Urban Day Center Patients**
by Mary H. Michaux, Robert J. Pruim, Shirley A. Foster, and Marvin R. Chelst

34 **Behavior of Free-Ranging Macaques After Intraventricular 6-Hydroxydopamine**
by D. E. Redmond, Jr., R. L. Hinrichs, J.W. Maas, and A. Kling

36 **The Yin and Yang of Progress in Social Psychology: Seven Koan**
by William J. McGuire

40 **Person to Person Therapy**
by Phyllis M. Kossar and Gary S. Felton

42 **New Evidence for a Relationship Between Tobacco Smoking, Nicotine Dependence and Stress**
by G. H. Hall and Cathleen F. Morrison

44 **Ethical Issues in Behavioral Control**
by D. A. Begelman

48 **The Rights of Children**
by Leonard Edwards

The *Mental Health Digest* is a monthly publication designed to reflect the whole spectrum of mental health and to present a broad sampling of scientific subject matter and professional points of view. It contains condensations of material selected from the current mental health literature. The condensations are published with the approval of the authors and publishers for use in the *Mental Health Digest* only. Readers interested in particular digests are urged to consult the journal or other source in which the material first appeared or to ask the authors for reprints.

Material contained in the *Digest* does not necessarily reflect the opinions, official policy, or position of the National Institute of Mental Health.

Editorial Advisory Board

Bertram S. Brown, M.D., Chairman

Harry P. Cain II, Ph.D.
Robert A. Cohen, M.D., Ph.D.
John C. Eberhart, Ph.D.
Thomas F. A. Plaut, Ph.D.
Luther D. Robinson, M.D.
Francis N. Waldrop, M.D.
Louis A. Wienckowski, Ph.D.

Editor: Lorraine Bouthilet, Ph.D.

Managing Editor: Vivian R. Isenstein

See Important Notice on Inside Back Cover

A Family Perspective on Adolescent Runaways

Helm Stierlin

Each year, between 600,000 and 1,000,000 teenagers run away. Most of them are from the white suburbs; half are girls, and many are no older than 13 or 14. Let us look at how running away fits into modern American society and adolescence.

A Vista on Modern Society

Runaways float on modern American society's affluence. Were it not for the spillover from this affluence, most of their runaway attempts would soon be doomed. Runaway's dependence on society's garbage is real. The spillover from our affluence makes it unlikely that modern runaways will starve.

Runaways reflect as well as exploit our society's mobility and easy access to transportation. Hitchhikers' thumbs can stop automobiles and deliver their bearers into—or so they believe—instant romance, adventure, and freedom.

Most important, runaways reflect and exploit the breakdown in our society's stability and cohesiveness. In contrast, Denmark (which is also developed and affluent) has more communal stability and cohesion than the United States, and Danish runaways seldom have a chance to escape for long; their names and faces are at once flashed on television and radio and a concerned community, cooperating with an effective police, retrieves them quickly.

A Vista on Modern Adolescence

The counterculture or runaway culture seem total strangers to their elders; however, "doing your own thing" still reflects the rugged individualism and relative lack of social responsibility of earlier American generations. Most early immigrants were runaways from a Europe which oppressed and squelched them. These earlier American runaways, though, were largely adults, whereas the present ones are teenagers who ordinarily would live with their families. What, then, is it in these families that accounts for their adolescent's runaway ventures?

A Vista on the Modern Family and Various Kinds of Runaways

In order to get hold of essential family dynamics, we must distinguish between runaway adolescents who succeed and those who fail. Several special subgroups of runaways evolved from the 40 cases I studied. Among the failures, we count, first, those adolescents who stayed home-bound even though their family life was difficult and miserable.

Abortive runaways were essentially home-bound; occasionally they tried to run away precipitously. Either they returned home within hours or engineered their quick retrieval through the intervention of neighbors, police, or others. The abortiveness of these adolescents' runaway attempts highlighted their strong intact psychological ties to their families.

Lonely schizoid runaways differ from most other runaways. Their relations to the runaway culture are marginal. They have no peers to run to. They may loiter around hippie hangouts or lonely parks and church yards. Not seldom their runaway moves are abruptly aborted. Some lonely schizoid runaways act so bizarrely or self-destructively that they are quickly institutionalized.

In contrast to home-bound and abortive runaways, many successful runaways experience neither qualms

nor difficulties when they separate from their families, nor do they seem blocked from moving into the runaway culture of peers. They impress us as casual and tough. Here we find the boy who as a child was a bully and beat up other children to extort soda and candy money. His parents showed little concern. He moved out of the parental orbit as easily as he moved into the peer orbit. Unlike lonely schizoid runaways, these *casual runaways* easily find girls who turn into willing sex partners. Their object relations are transient, shallow, and exploitative and they seem well equipped to survive in the rougher segments of the runaway culture.

In between unsuccessful nonrunaways and abortive runaways and successful casual runaways we find the *crisis runaways* who run away for a few days or even weeks before they return home. These runaways can be called partly successful because they get away from their parents for longer stretches of time than the abortive runaways, can find a niche in the runaway culture of peers, and, for a while at least, can make it on their own. Yet, they remain involved with their families and finally return to the family orbit. While away from home, they seem deeply conflicted about running away from their parents, about living in the runaway culture, about hurting others while pursuing their own ends. Above all, their running away reflects a crisis in their and their parents' lives.

Family Dynamics and Transactional Modes

Family dynamics can be illuminated through the concept of transactional modes, which reflects the interplay between the generations. These modes are transitive in that they denote the active molding of an offspring who is still immature, dependent, and hence remains captive to parental influences. Parents, from the beginning, impress on their child their stronger reality by using covert and subtle signals and sanctions. To this "stronger reality" a child must adapt lest he perish. Additionally, these modes are reciprocal in the sense that there is always a two-way exchange—the children mold and influence their parents as much as the latter mold and influence them.

The three major modes of "binding," "expelling," and "delegating" operate as follows:

When the binding mode prevails, the parents interact with their offspring in ways that seem designed to keep them tied to the parental orbit and locked in the family ghetto. Such binding can operate on three major levels: On a dependency level where primitive affects are strong, the child appears bound by the exploitation of his dependency needs as he is offered undue regressive gratifications (id-binding). On a more cognitive level, the binding parent interferes with his child's differentiated self-awareness and self-determination by mystifying the child about what he feels, needs, and wants (ego-binding). On a third level, an intense and archaic loyalty and guilt come into play. Children who are chiefly bound on this level view any thought or attempt of separation as the number one crime for which only the harshest punishment will do. These superego-bound children are prone to suffer maximal primitive "breakaway guilt" that operates unconsciously and gives rise to either acts of massive self-destruction or of heroic atonement.

Where the expelling mode prevails, we find an enduring neglect and rejection of children who tend to be considered nuisances and hindrances by their parents. A strong centrifugal force pushes many of these children

into premature separations. They appear neglected and abandoned.

Where the delegating mode is predominant, binding and expelling elements blend. The child is allowed and encouraged to move out of the parental orbit—up to a point! He is held on a long leash so he may fulfill the parents' unrealized ego-ideal, or enact the parents' disowned delinquent impulses. Whatever the mission, the delegate is encouraged to differentiate and to separate to the extent that his specific mission requires this.

Transactional Modes and Runaway Patterns

Running away under the binding mode—Where a strong binding mode operates, adolescents do not run away, or only run away abortively. The nonrunaways and abortive runaways whom I studied had one feature in common: They tended to avoid peers.

Adolescents who are mystified about what they think, feel, and want, lack ego tools and skills which are crucial for survival in the peer group and runaway culture. They are hampered when they try to establish empathy and closeness with peers, particularly members of the opposite sex, for such closeness and empathy taxes unduly their capacity for a differentiated self-awareness and self-determination. They tend to become confused, act peculiarly, and hastily withdraw from contacts. These adolescents remain homebound or run away only abortively.

Where binding operates chiefly on the loyalty level, we find those adolescents who either do not run away at all, or when they run, abort their runaway ventures with glaringly self-destructive acts. Many of the lonely schizoid runaways belong to this group; by engineering their immediate retrieval or punishment, they seem to atone for the heinous crime of attempting to leave their parents. Their immense breakaway guilt instantly negates any possible runaway gains.

Running away under the expelling mode—Where the expelling mode prevails, adolescents tend to run away early and casually, often adapting themselves well to the rougher aspects of the runaway culture.

Most striking in their parents is their neglect, by omission or commission, of their children. The parents often hide this neglect behind overt protestations of concern and pride themselves for giving their children everything. This type of parent lacks the kind of caring, limit-setting investment I have tried to emphasize.

Running away under the delegating mode—Here we find most runaways who survive in the runaway culture, but eventually return home. When and how they run away depends largely on the missions they are expected to fulfill.

In the first type of mission, adolescents have to supply their parents with missing id-nutriment. Their primary runaway function is to serve as their parents' thrill-providers. They experiment with lifestyles and life situations which their parents cannot test out themselves.

Conflicts of Delegates

The above missions often interweave, but also are at odds with each other. Conflicts of missions exist when a mother manifestly wants her son to realize her ego-ideal, to study for the ministry, but on a deeper and more disowned level, wants him to be a precocious sex athlete. Conflicts of loyalties appear when a delegate becomes commissioned by one parent to harm or destroy the other parent.

These runaways' conflicts of missions and loyalties superimpose themselves on those conflicts which form part of the ordinary process of adolescent separation and maturation. Such added

conflict load may bring many of these adolescents to the brink of breakdown.

Therapeutic Considerations

Family relations emerged as the most important psychosocial condition and, accordingly, the treatment of runaway problems must focus on them.

First, because of middle-age crisis, confrontation with approaching death, and decline of vital forces, some parents try desperately to hang onto their children—bind them excessively. Or they may seek new professional careers and identities, new relations, and possibly new marital partners; here the children, instead of being experienced as assets to which one can cling, are seen as nuisances to be gotten rid of—they are expelled. Or, parents can consider their children chiefly as chattels to be differentially exploited; it is these parents who turn their children into delegates who vicariously supply excitement.

Second, we must consider the status of the parents' marital relationship. Spouses who feel deadlocked in mutual rage and frustration can develop a squelching pseudomutuality or pseudohostility where all family members are entrapped alternately as binders and bindees. In contrast, where centrifugal forces are strong, the expelling momentum causes each member to go his own way and to do his own thing.

When parents ambivalently vacillate, they subject their children to conflicting expectations and missions: They expect them to move out, but also to come back; they want them to separate, yet also to remain tied to their orbit.

Third, we must consider these parents' relationships to their own parents —a three-generational perspective. Parents take their adolescent children to account for what their own parents did, or still do, to them. Patterns of psychological exploitation are carried over from generation to generation. For example, a father who was cruelly expelled by his own father expels his own son in turn. Or the mother, bound in self-sacrifice to her mother, binds her own daughter by fierce deployment of guilt.

Treatment Guidelines

Three guidelines for the treatment of runaways (as well as for certain nonrunaways) which derive from the perspective presented here are:

Where we find severely bound adolescents who do not run away at all or run away abortively, the therapist must help to unbind the psychological ties which keep the family members in bondage. Here an offspring's successful running away can signal progress rather than a setback, as it reflects this adolescent's (and his parents') increasing ability to live apart from, and independently of, each other.

Where adolescents run away from the expelling mode chiefly, the expellee needs to be "tamed" by becoming exposed to care and concern (including the setting of limits), and encouraged to develop bonds of loyalty which we find in their bound agemates.

Where runaways are chiefly delegated, the main therapeutic task becomes one of reconciliation of conflicts (intrapsychic as well as interpersonal) and of obligations (frequently denied or displaced) within the family. As a rule, many of these runaways and their families respond well even to short therapeutic interventions.

Condensed with permission from the *Archives of General Psychiatry*, 29(1):56–62, 1973. Copyright 1973 by the American Medical Association. Reprints of original article from Helm Stierlin, M.D., Ph.D., Family Studies Section, Adult Psychiatry Branch, National Institute of Mental Health, 9000 Rockville Pike, Bethesda, Md. 20014

Relationship Among Measures of Family Power

Trevor R. Hadley and Theodore Jacob

In recent years, the study of how psychopathology develops has focused increasingly on the family. The patterning of dominance or power within the family system appears to be a particularly important variable, and several procedures have been devised to measure the difference in power structure between normal and disturbed families. This study was an attempt to evaluate the relationship among four methods for assessing family power:

- Total talking time
- Successful interruptions
- Coalition games
- Unrevealed difference techniques.

Total talking time and successful interruptions are considered process measures whereas the coalition game and unrevealed difference technique are considered outcome measures.

If these four measures are actually assessing the same construct, all should be associated positively and significantly. However, this may not be the case. The only data bearing on the issue seem to indicate that outcome measures may be positively associated with each other and negatively or not associated with process measures. In theory, process measures may function as ways of controlling attention in family interactions, whereas outcome measures may be clearer measures of person control. In light of these considerations, it was hypothesized that process measures would be positively associated, outcome measures would be positively associated, and associations between process and outcome measures would be nonsignificant.

The subjects were 20 middle-class, intact families (no separation or divorce) with a male child in 10th or 11th grade. Six of the children were first-born, seven were second-born, and seven were third-born or later. The children had a mean IQ of 115; all fathers had at least a high school education with 15 fathers having received 1 or more years of schooling beyond high school. Of the 20 families, 18 reported no history of public or private contact for psychological problems.

Because the experimental task itself may significantly affect a family's interaction patterns, this investigation attempted to hold task characteristics constant by using the group discussion section of the unrevealed difference questionnaire to assess the two process measures as well as the unrevealed difference technique itself. The fourth measure, coalition game, necessitated a separate procedure.

Total time talking was recorded for each family member during the first 10 minutes the family discussed the unrevealed difference questionnaire. For this measure, power and amount of talking time were considered in direct relation to one another.

A successful interruption was one in which the target person—the person whose speech is broken into—abruptly stops talking before his idea is completed. In contrast, unsuccessful interruptions were defined as simultaneous speeches where the original speaker continued without stopping. With this measure, the most powerful person was that member with the greatest absolute number of successful interruptions or the highest proportion of successful interruptions over total interruptions.

The unrevealed difference technique consisted of eight questions, to which first each individual and then the fam-

ily together responded. With this technique, power was defined in terms of the total absolute difference between the individual rankings and the group rankings.

The fourth measure of family power was a coalition game using a modified parchesi board. An arbitrary prize was awarded for winning each game, and in establishing coalitions, players had to agree on a "deal" for the division of the prize. The measure of power was the total number of points won by each member over nine rounds with a total range for any one player from 0 to 117 points.

The central question to which this study was addressed was: Do the various measurement procedures reflect the same power structure within the same family? Such an evaluation would typically be done by correlation coefficient, but this approach appeared inappropriate in this study.

Degree of association among measures of family power can be assessed most appropriately by comparing the power hierarchies obtained on each measure for each family. For each of the 36 outcomes possible with two measures, one can compare the similarity of power structure in terms of "dyadic" matches; that is, any two triadic structures would contain 0, 1, 2, or 3 dyads reflecting the same or different relationships. If, for example, one measure shows father more powerful than mother who, in turn, is more powerful than son, while a second measure shows father more powerful than son and son more powerful than mother, there are two dyadic matches (i.e., father more powerful than son and father more powerful than mother in both measures, but mother more powerful than son on one measure and son more powerful than mother on the other).

Using dyadic matches as the unit for assessing the relationship between power hierarchies generated by two measurement procedures, one could then determine the (mean) number of matches to be expected between two measures on the basis of random sampling and the variance of this distribution. Once these values were defined it would be possible to evaluate the relationship between two power measures by comparing a population value (mean number of matches expected) with a sample value (mean number of matches obtained).

This procedure, however, assumes that the six hierarchies generated by each of two measures were of equal likelihood of occurrence; that is, that population "base rates" were equal for all power hierarchies. If the various structures were *not* equally probable in occurrence, however, using parameter values which assumed equal population base rates would be inaccurate and would lead to serious interpretive errors. Specifically, the greater the inequality among marginal frequencies, the greater was the likelihood of erroneously observing statistically significant relationships. Thus, procedures were further refined to consider the limits imposed by unequal marginal frequencies in generating an expected mean value and variance.

Concerning the relationship among measures of family power, three hypotheses were advanced, and each one was evaluated in terms of the structural analysis previously developed.

• Hypothesis 1. Process measures are positively related. This hypothesis was partially confirmed in that the relationship between total talking time and successful interruptions was significant statistically. However, no significant relationship was obtained between the alternative interruption measure (successful interruptions/total interruptions) and total talking time or be-

tween successful interruptions/total interruptions and successful interruptions.

• Hypothesis 2. Outcome measures are positively related. In contrast to the relationship obtained between the major process measures, results provided no evidence of relationship between the two outcome measures (unrevealed difference technique and coalition game).

• Hypothesis 3. Significant relationships among the process and outcome measures of family power do not obtain. In that all six process-outcome relationships were nonsignificant (successful interruptions-coalition game, successful interruptions/total interruptions-coalition game, total talking time-coalition game, total talking time-unrevealed difference technique, successful interruptions/total interruptions-unrevealed difference technique, and successful interruptions-unrevealed difference technique), the hypothesis stating no significant relationships between process and outcome measures could not be rejected.

Only two previous studies have attempted to assess the relationship between family power measures; in one case, a negative relationship between a process and an outcome measure was reported, whereas in the other study, a positive relationship between two outcome measures was obtained. In attempting to reconcile these results and those from the present study, several possible explanations can be suggested. First, in both previous studies, data were analyzed with correlational methods, and results based on such analyses may not be comparable to the present data evaluation procedure. Furthermore, it should be noted that one of the earlier findings (a positive relationship between two outcome measures) was only reflected with mothers' scores and not with fathers' or with sons' data. Second, the children in the present study differed significantly in age from children seen in the other two investigations—a factor which may be importantly related to a family's perception of and response to various task situations and to differing patterns of family interaction. Third, findings in one of the earlier studies result from combining data from four different tasks, a procedure that is questionable.

Results of the present study indicated a positive relationship between process measuring family power and a lack of relationship between outcome measures of power and between process and outcome measures of power. Insofar as process measures of family power appear related within tasks, future investigators might consider using only one process measure. There exists a great need for some type of criterion research on family power where the importance of various family power structures is related to specific outcomes such as psychopathology and success in therapy. Then the present family power measures could be tested against these various criteria.

Condensed with permission from the *Journal of Personality and Social Psychology*, 27(1):6–12, 1973. Copyright 1973 by the American Psychological Association, Inc. Reprints of original article from Theodore Jacob, Ph.D., Department of Psychology, University of Pittsburgh, Pittsburgh, Pa. 15213

Voluntarily Childless Wives: An Exploratory Study

J. E. Veevers

Although parenthood (especially voluntary parenthood) has been extensively studied, the phenomenon of childlessness has been virtually ignored. This is unfortunate, for to a large extent the social meanings of parenthood can be comprehensively described and analyzed only in terms of the parallel meanings assigned to nonparenthood. As a preliminary step toward filling this gap in the sociological study of the family, an exploratory study of voluntarily childless wives was conducted.

Selection and Nature of the Sample

Respondents were solicited by articles and advertisements appearing in newspapers in Toronto and London. Fifty-two wives met the following criteria: The wife stated that her childlessness was due to choice; she either had been married for a minimum of 5 years, or was of postmenopausal age, or reported that either she or her husband had been voluntarily sterilized; she affirmed that she had never borne a child and had never assumed the social role of mother.

Demographic and social characteristics of the 104 voluntarily childless husbands and wives may be summarized as follows: The average age is 29, with a range from 23 to 71 years. All are caucasian and living in urban areas, most are middle class, and many are upwardly mobile. Although educational experience ranges from grade school to the postdoctoral level, most have some university experience. Except for one housewife, all are employed full time or attending university. Most are athiests or agnostics from Protestant backgrounds, and of the minority who do express some religious preference, almost all are inactive. Most come from stable homes where the mother has been a full-time housewife since her first child was born. The incidence of first-born and only children is much higher than would ordinarily be expected.

With the exception of two widowers, all the subjects are involved in their first marriage. The average marriage duration is 7 years, with a range from 3 to 25 years. Most couples have relatively egalitarian relationships, but still maintain conventional marriages and follow the traditional division of labor.

All of the couples agree on the desirability of preventing pregnancy. Most of the wives had never been pregnant, but about a fifth had had at least one induced abortion, and most indicate they would seek an abortion if pregnant. More than half of the wives are on the pill. About a quarter of the husbands have had a vasectomy, and another quarter are seriously considering it. Many of the women express positive interest in tubal ligation, but only one has been sterilized.

The Nature of Childless Careers

In reviewing the processes whereby couples come to define themselves as voluntarily childless, two paths are apparent. One involves the couple's formulation of an explicitly stated intention never to become involved in parental roles; a second, more common but less obvious, route involves the prolonged postponement of childbearing until it was no longer considered desirable at all.

Nearly a third of the wives entered into their marriages with childlessness as a firm condition. The woman deliberately sought a future mate who would agree on this one dimension.

Generally the negative decisions regarding the value of children were made during their adolescence, before the possibility of marriage had ever been seriously considered. In contrast, a few of the wives had indifferent or even vaguely positive attitudes toward childbearing until they met their future husbands. During their courtship and engagement, they gradually allowed their view to change and by the time of their marriage were content to agree never to have children.

More than two-thirds of the wives remained childless as a result of decisions to postpone having children until some future time, a future which never came. Rather than explicitly rejecting motherhood prior to marriage, they repeatedly deferred procreation until a more convenient time. These temporary postponements provided time during which parenthood was gradually reassessed. At the time of marriage, most wives involved in the postponement model had devoted little serious thought to the question of having children and had no strong feelings either for or against motherhood. Like conventional couples, they simply assumed that they would have one or two children eventually; unlike conventional couples, they practiced birth control conscientiously and continuously during the early years of marriage.

Most couples involved in the postponement pattern move through four separate stages in their progression from wanting to not wanting children. The first involves postponement for a definite period, during which the voluntary childless are indistinguishable from couples who will eventually become parents. In most groups, it is considered understandable that before starting a family a couple might want to achieve certain goals, such as graduating from school, traveling, buying a house, saving a nest egg, or simply getting adjusted to one another. There is, however, a clear commitment to have children as soon as conditions are right.

In the second stage, the couple remains committed to the idea of parenthood, but becomes increasingly vague about when the blessed event is going to take place. It may be when they can "afford it," or when "things are going better," or when they "feel more ready."

The third stage involves another qualitative change in thinking; for the first time the possibility that the couple may remain permanently childless is openly acknowledged. During this time, they have an opportunity to experience directly the many social, personal, and economic advantages associated with being childless, and also to compare their lifestyles with those of their peers who are raising children. It seems probable that the social-psychological factors involved in the initial decision to postpone having children may be quite different from those involved in remaining childless. At this stage, the only definite decision is to postpone deciding until some vague and usually unspecified time in the future.

Finally, in a fourth stage, the couple decides never to have children. Occasionally this decision is explicit, usually precipitated by some crisis or change that focuses attention on the question of parenthood. However, most couples never directly decide to not have children. Rather, after years of postponing pregnancy, they gradually become aware that an implicit decision has been made to forego parenthood, and they are both contented with its implications.

Childlessness and Informal Sanctions

All of the wives interviewed feel that

they are to some extent stigmatized by their childlessness. They feel that there exists an ubiquitous negative stereotype of a voluntarily childless woman, which includes such traits as being abnormal, selfish, immoral, irresponsible, immature, unhappy, unfulfilled, and nonfeminine. These devaluating opinions are perceived to affect their interaction with others and to result in considerable social pressure to become mothers. Some of the sanctions include explicit and unsolicited comments advocating childbirth and motherhood. Other pressures are more subtle and in many cases are perceived to be unintentional; for example, the childless frequently complain that, whereas parents are never required to explain why they chose to have children, they are frequently required to account for their failure to do so.

The definition of how long childbearing may be postponed and still meet with conventional expectations is difficult to determine and apparently varies considerably from one group to another. In most groups, the first 12 months is an acceptable period, but then the pressure gradually increases. Once a couple has been married for 5 or 6 years, however, there appears to be some diminution of negative responses. Part of this change may be attributable to the increased ability of the childless to avoid those who consistently sanction them or to cope with negative and hostile responses; it may also reflect an actual change in the behavior of others.

Although all wives report considerable social pressure to become mothers, most are well defended against such sanctions. On specific occasions they may be either indignant or amused, but in most instances they are indifferent to negative responses and remain inner-directed, drawing constant support and reaffirmation from the consensual validation offered by their husbands. Many strategies are employed which "discredit the discreditors" and which enable the voluntarily childless to remain relatively impervious to the comments of critics and the wishes of reformers. One such strategy concerns the possibility of adoption.

The Symbolic Importance of Adoption

Most wives mention that they have considered adopting a child, and many indicate that they are still considering the possibility. In spite of such positive verbalizations, it is apparent that adoption is not seriously contemplated. Generally they have not considered even such elementary questions as whether they would prefer a boy or girl, an infant or an older child. With few exceptions, none of the couples has made even preliminary inquiries regarding the legal processes involved in adoption. None had investigated the issue thoroughly enough to have considered the possibility that, should they decide to adopt, a suitable child might not be immediately available to them.

For the voluntarily childless, the importance of the recurrent theme of adoption appears to lie in its symbolic value—in reaffirming normalcy and avoiding irreversible decisions. A willingness to consider adoption is an effective mechanism for denying the possibility of considerable psychological differences between parents and nonparents.

Possible adoption also is a comforting thought to childless couples approaching an age where childbirth is impossible, to those who chose sterilization, and to those faced with the important but unanswerable question of how one will feel about being childless in one's old age.

Relevance of Supportive Ideologies

The voluntarily childless appear to be unaware of the many individuals who share their view. A large proportion of wives indicated that until they read the article and/or advertisement asking for subjects for this study they had never seen the topic of voluntary childlessness discussed in the mass media. Many reported that they did not know any other couple who felt as they did about parenthood, and many others reported having met only one or two like-minded people.

Feelings of uniqueness and isolation are mitigated by the husbands' explicit agreement to forego parental roles. But although the husband may be totally sympathetic, he has a limited ability to emphathize. The childless wife may be comfortable with her decision and still express the wish that she could discuss her situation with like-minded women who might have shared similar experiences and who might provide a model for identification.

Existing social movements concerned with population or feminism have surprisingly little relevance and provide relatively little intellectual or emotional support to the childless. The concern with population problems, especially as manifest in the Zero Population Growth (ZPG) movement, does provide a supportive rationale indicating that one is not necessarily being socially irresponsible and neglectful of one's civic obligations if one does not reproduce. Some of the childless wives are superficially involved in ZPG and sympathetic with its goals, but in all cases this identification is an ex post facto consideration, rather than a motivating force, and their satisfaction with being childless is related to concerns other than to their contribution to the population crisis.

It is sometimes suggested that an inclination to avoid motherhood is a logical extension of the new feminism. It is difficult to generalize about a social phenomenon as amorphous as the women's liberation movement, but it is true that it has not usually been antimarriage or antichildren. Motherhood is not perceived as an unfulfilling and unrewarding experience but rather as a positive experience which, although desirable, is not sufficient in and of itself for maximum self-actualization. Rather than advising women to give up having children, the new feminist literature advises them to consider other careers in addition to motherhood and advocates changes in society which would make the motherhood role easier. Although the new feminism may provide some support for the idea that motherhood is neither necessary nor sufficient for fulfillment, it does imply that normally it will be an important part of that fulfillment. Only a few of the voluntarily childless are concerned with women's liberation, and these few apparently came into the movement after their decision was made and their lifestyle was established.

Although none of the voluntarily childless are actively seeking group support for their lifestyle, many would welcome the opportunity to become involved in a truly supportive social movement. The first example of such an association is the National Organization for Nonparenthood which was formed in California in 1971. Such attempts might be very successful.

Condensed with permission from *Sociology and Social Research*, 57(3):356–366, 1973. Copyright 1973 by Sociology and Social Research. Reprints of original article from J. E. Veevers, Ph.D., Department of Sociology, University of Western Ontario, London, Ontario, Canada.

Who Wants the Children? Some Relationships Among Attitudes Toward Children, Parents, and the Liberation of Women

Bernice E. Lott

As a woman, a psychologist, and a feminist, I have paid a great deal of attention to statements about women. Voices for liberation have been responsible for some real social changes, and they have also succeeded in pushing into focus some fundamental questions. Among these are:

What are the contributions of biology and socialization to the development of characteristics traditionally defined as "masculine" and "feminine"?

If gender differences cease to be a component of individual differences, what cultural changes will follow, especially in regard to sexuality?

If the patriarchal family is to go, what are the alternatives?

What is to become of the children who continue to be conceived and born? Which women will want to bear children? Who will want to rear the children? Can they be reared by adults intent on living self-fulfilling liberated lives?

Although these questions are interrelated, I am concerned here only with the last group. A significant number of spokeswomen for liberation have little use for children. When spoken of at all, the tendency is to project the view that children are nuisances and a barrier in one's path toward fulfillment in the larger world outside one's home. The function of childbearing is burdensome, and child rearing is unchallenging, dull, and time consuming.

I believe that such attitudes toward children are not peculiar to proliberation women but that they are veridical with the feelings of many women and men. While verbalizing the value and significance of having children, many parents actively practice disinterest and laissez faire under the guise of permissiveness and democracy and make good use of adult escapes like "the job," "the meeting," and so on. Mothers and fathers must certainly communicate their own ambivalence about child rearing to their children, who are themselves potential parents. And other social institutions contribute similar cues.

There is already a very strong cultural basis for the rejection of child rearing and some within the liberation movement reflect this bias without considering its source. In an argument for the abolition of restrictive legislation on abortion and contraception there is the view that the woman's biological capacity to produce children is the burden of her sex. It is precisely this kind of well-meaning and enlightened, now-we-can-admit-it point of view that having children is for the birds, but literally, which is resoundingly reiterated or subtly present in much liberation literature. In this respect the movement has been victimized and shaped by the very culture it is attempting to shake to its senses and by the same male chauvinist values it is questioning and hoping to change. Despite verbal excesses to the contrary, the actual treatment of women and children within our male-oriented culture provides evidence that childbearing and rearing are undervalued and held in low esteem. Margaret Mead noted a fascinating cultural phenomenon: Regardless of the nature of the activity, whether weaving, doll-mak-

ing, or what have you, when performed by men that activity is valued and honored; when it is "woman's work" the very same pursuit is taken for granted or disdained.

I decided to explore the relationship between attitudes toward children and two possibly significant variables: the quality of one's own remembered childhood experiences with parents and the extent of agreement with propositions relevant to the movement for women's liberation. To obtain data I devised a survey consisting of the following self-report items:

Self-descriptions of gender, marital status, and age; whether his or her father had lived at home; and whether his or her mother had worked outside the home.

Seven adult activities (art or music, business, child rearing, engineering, politics, research in science, teaching) to be ranked from high (1) to low (7), in terms of *value to any society,* degree to which they *require individual creativity,* and the respondent's *personal interest in pursuing* them. My focus was on the measuring attitude toward child rearing.

Four concepts (your mother, father, children, and yourself) to be rated on eight semantic-differential bipolar adjective scales with evaluative meaning (bad-good, beautiful-ugly, bittersweet, cruel-kind, fragrant-foul, important-unimportant, shallow-deep, warm-cold) intermixed with 10 adjectives taken from a Liking Scale (complaining, considerate, energetic, happy, insincere, intelligent, intolerant, quarrelsome, self-centered, truthful).

Forty-two statements, each concerned with the behavior of men and women in various situations relative to one another, i.e., a women's liberation scale.

Five 9-point scales ranging from "very much" to "very little" to be used in answering the questions: How eagerly do you anticipate having children? During your childhood how much energy did your mother devote to your care and well-being (when not at work)? During your childhood how much energy did your father devote to your care and well-being (when not at work)? How much information do you have about the women's liberation movement? and How much do you agree with the dominant positions taken by the women's liberation movement?

Our sample consisted of 109 undergraduate men and 133 women, all tested at the same time in an introductory psychology classroom, and 47 additional undergraduate but older women from a special Continuing Education for Women (CEW) program. Each of these three groups, men (M), women (W), and CEW, was subdivided into categories descriptive of their attitudes toward having and rearing children: highly positive, moderate, low, and inconsistent.

Men and women differed in the proportions among them who indicated a desire to both personally rear children and an eagerness to have them. The CEW group contained the largest proportion of highly positive respondents, with the younger campus women having the next largest, and the men the smallest. Finding as many as one-third of the male sample in the highly positive category was unexpected. The difference between the younger women and the CEW group may well reflect the fact that the majority of the latter were married and already mothers.

When we compared the highly positive and low-moderate subjects, within each of the groups, on their responses to the 18 bipolar adjectives, highly positive subjects were found to have made significantly higher ratings of

the "children" concept than in the moderate-low subjects.

Thus assured that our attitudinal categories—highly positive and moderate-low—reflect true responses to children, we looked for other variables that could distinguish between the two groups.

Marital status and age—Since the majority of the campus sample was single, these variables in no way differentiated between the two attitudinal groups. Within the small CEW group, significantly more of the highly positive women were married or divorced than was true of the moderate-lows. The CEW group differed from both of the others in age and in the proportion of married persons within it, regardless of attitudinal category.

Father at home—No relationship was found between desire to have and to rear children and having had a father who lived at home during most of one's childhood, but very few subjects had fathers who did not live at home.

Working mother—Alhough a sizable minority of mothers was reported to have worked either full- or part-time outside the home during our subjects' childhoods, this did not relate to attitudinal category. The younger campus women had a significantly smaller proportion of working mothers than did the CEW group. The daughters of working mothers tend to be more assertive, less dependent, and less passive than other girls.

Creativity of child rearing—There was a significant difference between the attitudinal categories on this dimension, with highly positive subjects ranking child rearing as more creative. CEW subjects reliably ranked child rearing as more creative than did the campus women, who, in turn, ranked it more creative than did the men.

Value of child rearing to society—Highly positive subjects felt that child rearing was significantly more socially valuable than did moderate-low subjects.

Mother's and father's nurturance—The adults' desire for parenthood was tested by examining responses to two questions regarding attention to their own care and well-being in childhood. On the question regarding mothers, we found that across all three groups significantly more attention was paid during childhood to highly motivated subjects than to those not so motivated. With fathers, too, highly positive subjects differed significantly, remembering more attention from moderate-lows across all subject groups.

Attitudes toward women's liberation—Men in all three categories have less positive views on women's liberation than both the younger campus women and the CEW groups, and the latter have more positive views than the former. The most child-oriented men were more favorable toward women's liberation than either the moderate-low men or the more traditional eager-to-have-but-not-to-rear group. Only on the 9-point scale question regarding agreement with the liberation movement's dominant positions do the proliberation and the antiliberation men differ significantly.

Significant differences were found, however, between proliberation and antiliberation women on these dimensions: Proliberation women ranked child rearing as more creative, but they ranked themselves as less interested in this activity. Proliberation women said they were less eager to have children, and they remembered less care and attention given to them by their parents.

Perhaps the most provocative new information we found was that pro-

liberation women evaluated their fathers more poorly than did antiliberation women. Further, they had more positive feelings for their mothers than for their fathers.

Other recent research suggests that the proliberation woman has a stronger desire for autonomy and is less authoritarian than the antiliberation woman, who emerges as self-protective, fearful of danger, risk avoiding, resistant to change, and low in curiosity and flexibility. It is clear to me which of the two types of women makes the better mother. On any criterion of competence, my choice is for the independent, flexible, and democratically oriented proliberation woman. But it is the women with the least desirable characteristics who are now planning to bear and rear children.

Interestingly, proliberation men—portrayed in other research as reflective, self-reliant, nonconformist, resourceful, and nonauthoritarian—placed higher value on personally rearing their children than other men in our sample. Perhaps they do not see women's traditional activities as so demeaning and want to share the pleasures of parenthood. For proliberation women, however, motherhood is too much associated with woman's inferior status.

I believe that the intimate association between women and infants has contributed to the mistreatment and inferior status of women, to the syndrome of sexism. Many feminist women have sought to break this tie and to assert that they, like men, are independent of the children. These rational attacks on old tired myths must be extended to acknowledging that all the needs of human infants can now be as easily satisfied by a man as by a woman.

I believe that not only should American industry grant long and leisurely maternity leave, with pay, to new mothers, but that paternity leave should be granted to fathers as well. Men who are given the opportunity to interact with neonates might well respond with nurturant behavior usually associated with mothers and become deeply involved in that interplay which characterizes the best relationship between mother and child. Society must provide recognition of the value of such a pursuit and its importance for the care and education of children; child care should be viewed as the involvement of caring adults in the nurturance and growth of society's most important resource.

Men should be encouraged to train for and work in jobs relevant to children, like preschool and primary education, and nursing. We need to develop more community-organized and community-operated centers where parents can leave their children to the creative attention of neighbors and friends, informed professionals who know the children and respect them.

I feel a postliberation future will recognize the dignity of part-time work schedules so that men and women can share in enjoying the earliest years of their children's lives without losing their own adult professional or occupational identities and skills. We must come to view children as desirable rather than necessary, and to view child rearing as not incompatible with other creative activities.

Condensed with permission from the *American Psychologist*, 28(7):573–582, 1973. Copyright 1973 by the American Psychological Association, Inc. Reprints of original article from Bernice E. Lott, Ph.D., Dean, University College, Eleanor Roosevelt Hall, University of Rhode Island, Kingston, R.I. 02881

The Importance of Childhood Experience in Relation to Problems of Marriage and Family-Building

Eva A. Frommer and Gillian O'Shea

In an earlier study we found that by asking a few simple questions it was possible to identify women who would have difficulty managing their babies and who would therefore need extra support in their child's early years. One characteristic of such women is that they had been separated from one or both parents sometime during childhood. Late in the original investigation, however, we discovered that some of the women had denied or forgotten that they had been separated from their parents. Therefore, we investigated the women's backgrounds more thoroughly. We were attempting here to determine if separations in childhood were, in fact, associated with problems of emotional attachment and family building in adult life and, if they were. whether there were outstanding childhood experiences associated with such problems.

We administered a detailed questionnaire to 79 of the original subjects, 40 of whom had been in the "separated" group and 39 of whom had been in the "control" group. Separation was defined as parental death or any event which required the woman or her parents to sleep away from home before she was 11 years old. The women were considered to have problems if they had marital problems and/or more than one management problem with the infant's sleeping, feeding, or crying during the 1st year of his life.

We found that such factors as poverty during childhood, parental death, or quarreling parents tended to be associated in women with problems, but this association did not reach statistical significance. When serious parental quarreling and/or a poor relationship with father are taken together, however, the difference becomes significant. The women in the original control group who had originally denied or forgotten separations had significantly more marital and management problems than those who had experienced no separations. This finding confirms rather than blurs our earlier results.

At least as important as the circumstances of the separation, however, is the quality of home life from which the child is separated. There was marked depression in the women with problems, although it is not clear if the depressive symptoms cause, are caused by, or merely maintain the problems. Some of these illnesses had not fully developed until the child was over a year old, which suggests that women who have had deprived childhoods should be followed longer than the first few weeks post partum; effective treatment of these symptoms alone might improve the family's life.

We seem to have stumbled on the tip of a far larger iceberg than we expected. Evidently we need to work harder to bring atypical puerperal depressions to light and to ensure treatment. A large-scale investigation to extend our pilot efforts is needed.

Condensed with permission from the *British Journal of Psychiatry*, 123(573):157–160, 1973. Copyright 1973 by the Royal College of Psychiatrists. Reprints of original article from Eva A. Frommer, M.B., B.S., M.R.C. Psych., Child Psychiatric Department, St. Thomas' Hospital, London, S.E. 1, England.

Contemporary Communal Child Rearing: A First Analysis

Charles M. Johnston and Robert W. Deisher

Communal environments have been proposed as excitingly beneficial worlds for children, and have been condemned by others as havens for individuals unable to cope with social realities and, as such, environments unsound for child development. Data to substantiate either claim have been virtually nonexistent. This is a report of a field study that focused on children in intentional communities.

The observations were made at 20 communes in Oregon, Washington, and British Columbia. The operational definition of commune was: A group of four or more adult persons who have come together for the purpose of establishing a cooperative way of life, including cooperative ownership or rental of land, cooperation in labor, economic interdependence, and certain common social ideals. A commune must have been in existence for 2½ years and have at least 2 children over 1 year of age.

The observer was a medical student who became involved as much as possible in the daily functioning of each group. Prior to making observations, a list of 73 specific observational parameters was developed covering child and parent personality attributes, characteristics of the physical environment, interpersonal attitudes, and group philosophy. Many of these allowed objective observation through specific behavioral measurement; others required a combination of interview and observation.

The Environment

In 10 groups the visit was of 2 days' duration or less. In two of these groups, all adults were seen as mothers and fathers to all children. In the other eight groups, individual family units were maintained. The amount of cooperation in child rearing varied greatly within these groups. Most groups held the ideal that the relative parental versus group role be something each child be free to find for himself according to his emotional needs, maturity, and status of the community.

Prominent in the thinking of five groups was a conviction that children's views and feelings were as important to the functioning of the commune as those of adults. This conviction took two forms: Children were given adult responsibility and status very early, or the children's lives were allowed to be very different from adult lives. In the remaining five groups, a more traditional view of childhood as a time to prepare for becoming an adult prevailed.

Disciplinary procedures in eight groups were almost exclusively verbal requests to change behavior or to leave a scene of conflict. Strong negative reinforcement was infrequent, and physical punishment was nearly nonexistent. All but three groups demonstrated a strong awareness of the necessity for good communication about discipline and child rearing. All but one group showed a high tolerance for child noise and activity.

The quality and quantity of affection between adults and children—as reflected in amount and tone of verbal communication, touching and holding, facial communication, and attention—in two groups, was excitingly rich; in four groups it was somewhat above what is found in the average nuclear family; in two other groups it was significantly below this average. The existence of these forms of communi-

cation is a crucial factor in determining whether the communal setting will be experienced by the child as a chaotic influence or as a profound source of security. Communal parents thought it best to provide less protection from physical trauma and from experience than exists in most traditional families.

Turnover in the communes average 18 percent in the 10 groups. Observations relevant to this turnover led to the following conclusions: Where the parental bond is not close and the stability of the individual parents is questionable, the existence of a high turnover rate correlates with children exhibiting directionlessness and apathy in their attitutde and above average level of hostility in their behavior. Where the parental relationship is nurtural and secure, this dissolving of bonds appears to be experienced by the child as positive stimulation. Where the parental bond is not close, yet the relationships within the group are close and moderately stable, the child's source of security can be strong.

With the exception of one of the two religious groups, there was a willingness to discuss sexuality openly and matter-of-factly; inhibitions about nudity were minimal in all groups. With the exception of one strongly male-supremacist group, rumors of communes as havens for indiscriminate sexuality proved to be unfounded. About 80 percent of 2-person parental units involved formal marriage; 22 percent of parents were single parents. Sexual mores were about average for a reasonably liberated, young adult population.

In six groups, the altering of traditional male and female roles was important. The emphasis was on allowing each individual the freedom to find the most personally meaningful type of role. The more traditional role definitions in three of the four groups reflected the rugged individualist mind-set frequent in back-to-the-land thinking. A direct correlation was found between the status afforded women in the groups and that afforded children. Where the status of women was significantly below that of the men, the status of children was consistently low.

At none of the groups were drugs used heavily. Where any drugs were used, it was usually thought hypocritical to prohibit the children's taking part in their use, at least with alcohol and marihuana.

The quality of education available to commune children varied widely. Of the six groups with school-age children, one group utilized public education and five had provisions and facilities for education on the commune. For one group, the maintenance of a high quality school was a central activity. The prevailing educational philosophies within all groups having on-commune education were child- rather than curriculum-centered and noncoercive. It was emphasized that commune life provides a constant learning experience—each day provides lessons in interpersonal relations and the numerous physical and mental abilities needed for self-sufficient living.

The Children

In 10 groups the stay was a minimum of 5 days, and observations were made on a total of 74 children between the ages of 3 weeks and 14 years. Eight groups had from 4 to 14 adults, and from 2 to 6 children; the remaining two groups were larger, having 40 and 80 adults and 5 and 38 children, respectively. The average age in eight of the groups was between 23 and 30; in two groups it was between 38 and 45. Two groups had strong religious bonds; two others involved plural

marriages as a central force. The absence of specific leaders was thought important in nine groups. Seven of these nine used consensus—children usually taking part in the decision processes if they were interested. Economically, two groups were self-sufficient or nearly so; in seven groups, members often held off-commune jobs; one group thrived on the sale of past material possessions of members; three groups received income from child support; two groups gained some help from unemployment and two from welfare. Nine groups were rural, one was urban.

The majority of the children in these groups demonstrated a high degree of maturity, self-confidence, and self-reliance; physical clinging, crying and whining, and attention-getting behavior were rare. Early psychological maturation seemed the rule. The children were accepting nearly adult roles by 13 or 14. Children expressed both by their words and by their actions that they felt they had a meaningful place in the commune. Lack of fear of unfamiliar people and confidence in interpersonal relations were pronounced. The observer was given a tour of one commune on his arrival by a 2½-year-old. The children dealt effectively with unfamiliar or traumatic experiences.

Ability to cooperate with other children and to resolve conflicts without adult attention developed early. A general openness and willingness to express ideas and feelings freely, even when contradictory to adult opinion, was evident in almost all posttoddler children.

Intellectual development showed considerable variation. Abilities which held daily significance in these children's lives—how to build or repair a house, knowledge about the animals and plants in the area, how to play a musical instrument, or how to cook breakfast for 10 people—were learned very early. Verbal skills also came very early. Levels of acquisition of traditional academic skills—reading, science, mathematics, and so forth—correlated with the models presented by the adults. In three of the five groups with school-age children, the adults were highly educated people, including seven former professors or teachers. The children at these three groups received a strong exposure to traditional skills. The academic education at the fourth group was reasonably good until the age of 10 or 12, at which time other interests often took precedence. At the fifth, the atmosphere was strongly anti-intellectual. The children at this group did attend public school but little seriousness was attached to it. With the majority of children, a high curiosity level and willingness to learn new things was apparent. Children responded to the marionette puppet, dulcimer, and compass which the observer brought on each visit, not by wanting to be entertained but rather by asking to be taught in detail how to make each of these work. Competition motivation was considerably lower on the average than with most children. Competence motivation varied from very high to very low, correlating with the energy level of the adult commune members.

Among all groups with three or more children of more than 2 or 3 years of age, a phenomenon referred to by one group member as the "society of children" played an important role. Children did many things as a group, providing for each other much of the support and teaching that would traditionally be provided by the adults. At one group the children had their own room in the common house that adults could enter only with permission of the children. At another, the

children were given the common house during the day as their focus of activity. At a third, about 15 children between the ages of 7 and 12 requested a house of their own and in time were taking care of their own food acquisition and preparation, governance, and maintenance of the building. This "society of children" provided both an opportunity for children to teach and care for other children and a training ground for the learning of interpersonal responsibility.

In two of the four groups with a number of older children, sexuality had come to be expressed very early. With parents who spoke openly about sex and with no taboos against physical contact, exploration of each other's bodies and actual intercourse took place between most children by 5 or 6. These children related to sex as something interesting and enjoyable, but not of central importance. They seemed casually open about their sexual activities to both adults and other children, but there seemed little stigma against children who did not wish to engage in sex.

In response to the observer's questions about the possible harmful effects of early genital sexuality, most of the adults commented that they had seen no evidence in the behavior of the children to indicate that genital sexuality and traditional childhood activities were in any way contradictory. The potential difficulty of sexual interests interfering with the children's educational progress was recognized, but this effect had not been observed. For the most part, parents expressed surprise at the rapidity with which the children developed a usually quite nonjudgmental awareness of the behaviors acceptable and not acceptable when off-commune. Parents stressed two positive aspects of early sexual expression: First, in being freed of the moral structure that has left many in our society incapable of complete fulfillment in their sexual lives, these children may have a great asset in terms of personal happiness. Second, these children will be spared much of the adolescent conflict between physical readiness and social prohibition. It will be important to see what the effects of their early sexual experimentation will be.

In the remaining two groups with older children, early sexual experience included mutual body exploration but not intercourse; these children felt comfortable with both adult and child nudity.

In conclusion, we emphasize that our principal focus was on generalizations between communes, rather than an indepth description of particular communes. The implications of generality should be kept in mind when evaluating the content of this paper.

Followup in future years, comparison studies of communal groups in other geographical regions, indepth comparisons with tribal communities of the past and present, and studies with a narrower focus than has been taken here should provide important additional insight.

Condensed with permission from *Pediatrics*, 52(3):319–326, 1973. Copyright 1973 by the American Academy of Pediatrics, Inc. Reprints of original article from Robert W. Deisher, M.D., Child Development and Retardation Center, Clinical Training Unit, University of Washington, Seattle, Wash. 98195

Family Structure and Treatment in the Military

Allen Frances and Leonard Gale

There are few subcultures that so dramatically influence the course of its members' lives as does the military, in which families are called upon to meet many unique stresses and in return are offered supports that are not generally available to others.

Stresses and Supports

The military man has limited ability to choose where he and his family will live, work, and attend school, because he is forced to move as often as every 2 years. The frequency of moves has a profound effect on the family. A sense of restless transiency and superficial relationships with friends, nonmilitary institutions, and the nonhuman environment may develop. Deeply felt attachments outside the family may be avoided to lessen the hurt of separation. Or intense, often hedonistic, relationships may be formed. Children, who are sometimes most poignantly affected, may deny the loss they feel and become preoccupied with present, at the expense of past, relationships.

The stress of separation occurs within the family in two forms: The most dramatic is the physical removal of the soldier for overseas assignment, under threat of death or injury. The other form is a consequence of military duty that requires the father to be preoccupied with work and on call at all times.

Frequent moves require increased dependency within the nuclear family. The military, aware of the resulting stresses, provides a new extended family, perceived as enduring, universal, and reliable; it offers medical, legal, and dental care, shops of all descriptions, movies, banks, clubs, churches, charities, crafts, adult classes, children's nurseries, schools, teams, and Scouts, and just about every service imaginable.

A particular stress to military families is the fishbowl within which they live. They reside, work, and attend school in a tightly organized and observant community that demands conformity to conservative, inflexible behavioral standards. Shame and fear of ostracism thus encourage scapegoating within the family.

Rank, visible whether written on the mailbox or worn on the lapel, has a major impact on the family's prestige within the community; conversely, the actions of all family members significantly influence the soldier's likelihood of promotion. The home may acquire an authoritarian, hierarchical structure. This kind of an attempt to establish military discipline to counter adolescent rebellion may lead to explosive power struggles because of rigidly defined roles. On the other hand, the military's hierachies can contribute to psychic equilibrium and provide clear behavioral guidelines.

Choice of the Military

The family structures are a result of the environmental pressures acting upon the personalities of the men drawn to the military and of marital partners. The military has particular attractions that influence this process. Sublimatory channels for expression of masked dependency, aggression, and sexuality are offered. The authoritarian structure controls aggression by providing a group superego, external regulatory mechanisms, and outlets of physical training and battle. Identification with the aggressor, within the chain of command, allows covert dependency gratification from above and

displacement of aggression downward.

In addition to the usual factors influencing selection of marital partners, others are prevalent among service wives attracted to the masculine glamor of the warrior or the hometown boy made good. Frequently, the wife was an Army "brat" and found service life comfortable, or necessary, to meet her needs. A military career may legitimize for both husband and wife a degree of separation that they may unconsciously desire.

Treatment Considerations

Patients rarely present with complaints about family interaction, but rather with symptoms localized within one member. The common reasons for localizing family pathology within one of its members are exacerbated by certain aspects of military reality. The soldier may fear the notoriety of public display in the psychiatric waiting room or that he may endanger his promotional status. The hierarchical structure offers opportunities for further resistances. The enlisted man is accustomed to submissive responses to officers (including psychiatrists). A superior officer may be uncomfortable with the temporary role reversal requiring his dependency upon someone of lower rank.

The husband's resistance is countered by inviting him to participate in treatment as a kind of cotherapist for his wife and/or children, which may be a face-saving way for him to enter therapy. The goal of early sessions is to encourage a therapeutic alliance with all family members to insure their continued participation.

The treatment is often brief, generally several months to a year, because both patients and doctors move on. The purpose of therapy is to improve the ability to meet future military and other stresses on the family. The psychiatric intervention focuses on relationships rather than the goal of achieving profound, characterological changes; each person's life story, affective experience, and dynamics are explored to encourage a sympathetic understanding and increased intimacy among family members.

Presenting Problems

The wife is the usual presenting patient. She may appear with psychophysiologic or conversion symptoms or with some form of acting out— depression, suicide attempts, alcoholism, or extramarital affairs. Next most likely are the children. The younger ones are seen because of school phobias, inappropriate sphincter control, behavioral disorders, and overt depressions. Teenagers present with the usual gamut of adolescent problems but may be offered as the labeled patient because of their parents' intolerance of age-appropriate rebellion. Fathers, if they present, do so because of alcoholism, feared or actual violence, work problems, or psychosomatic symptoms. Referral pathways differ; wives are sent by doctors, while husbands are directed by their commanders.

Family Constellations

The interactions of various family members result in a number of definable constellations, as for example:

The work-oriented, distant, compulsive male married to a dependent, compliant, phobic female—He has difficulties with heterosexual intimacy and playful regression with children, and uses his work and all male recreations as the only source of gratification. His wife is frequently seen in medical clinics, pleading for relief from a loneliness she cannot articulate; she forces her children into a premature adulthood to care for her or keeps them in perpetual childhood so that she can continue to care for them.

The aloof, self-contained husband volunteers for separations. Another, with masked dependency which had been filled at home, decompensates when he is away with heavy drinking. During separation, the wife may decompensate with removal of external structure; she may demonstrate increased independence if her assertiveness had been suppressed in order to stabilize the relationship with her husband, or she may become more immersed in the children. In conjoint treatment, the parents are seen together to foster their closeness, and if the children require therapy, they are seen separately to encourage their individuation.

Constellations, related to but distinct from the above, obtain when the husband is a distant, authoritarian tyrant or a wife is more overtly hostile with acting-out proclivities. Two others are the extremely distant male who at all times remains emotionally removed, providing a void in which the mother may forcefully dominate the remaining family, and the couple in which both members are independently obsessive and satisfied with this arrangement.

The phobic, symbiotic family in which both partners are forced into a retreat to the nuclear family as a means of coping with the frequent moves and loss of extra-familial supports—The husband fearfully rejects and avoids deep involvement with other males and with his work, while the wife retreats from contact with outside activities. The children are encouraged to prefer the safety of the family instead of the "rough and tumble" of peer relatedness. Psychiatric illness in the parents will surface when the husband is assigned away, and both he and his wife find loneliness intolerable. At these times, suicide attempts may prompt requests for a compassionate reassignment. The decompensated wife or husband may require temporary, individual treatment to provide a surrogate for the lost partner. In conjoint treatment their symbiosis will automatically lessen as their shared phobic orientation is altered. The phobic partnership tends to make it difficult for them to enter into and to continue with treatment, but if this is accomplished, they may show dramatic improvement as their mutually reinforcing pathology is interrupted.

Children may present when they are expected to perform independently away from home. They require separate therapists to emphasize and legitimatize their separateness.

The explosive family in which one or both parents are impulsive, action-oriented, and prone to frequent bouts of fighting, drinking, sexual indiscretions, and estrangements—A manifestation of a shifting sado-masochistic relatedness, their children may follow the family pattern and present with behavior problems. When the husband is away, there may be a calming in both parties if their eruptions had been fueled by the relationship. Explosions may increase if one of the participants had provided a structuring influence. Family movements relieve shame from previous indiscretions but may remove the external controls that had been developed. During treatment, the therapist guides the couple toward less flamboyant expressions of aggressive, sexual, and dependency needs. The whole family should be seen together to structure their chaotic formlessness.

Condensed with permission from *Family Process*, 12(2):171–178, 1973. Copyright 1973 by The Mental Research Institute and The Nathan W. Ackerman Family Institute, Inc. Reprints of original article from Allen Frances, M.D., 27 Iselin Terrace, Larchmont, N.Y. 10538

Using Parents as Change Agents for Their Children: A Review

Claudia A. Johnson and Roger C. Katz

An area of investigation receiving much attention is the training and utilization of parents as change agents for their children. The use of parents in therapeutic roles has resulted from an explicit technology of behavior modification predicated on the analysis and manipulation of environmental contingencies. Several reports have described the success of parents as modifiers of various child disorders, while others have delineated educational programs to acquaint parental groups with the principles of effective contingency management. The success of therapeutic intervention by parents depends on the ability of a backup therapist to produce reliable changes in the behavior of parents toward their children. The advantage of parents as change agents is that they constitute a cheap, continuous treatment resource which is able to augment existing therapeutic manpower capabilities and work conveniently within the home. This approach to child therapy should facilitate the generalization of treatment effects and enable parents to handle new problems better when and if they arise.

Child Behavior Disorders

Antisocial and immature behavior—In one of the first case studies of home treatment by parents, a child's repeated bedtime tantrums were eliminated by instructing the parents to ignore them. Tantrums extinguished within 2 weeks with no undesirable aftereffects. In another early case, parents were counseled to use several punishment procedures—e.g., spanking, confinement, withholding meals, etc.—to suppress multiple misbehaviors of their child. Although the aversive control reportedly produced quick and desirable results, the success is surprising inasmuch as few positive reinforcements were dispensed for socially approved activity. In a related study, investigators trained parents and hospital attendants to use extinction, shaping, and timeout to reduce annoying behaviors of an autistic child.

A 7-year-old firesetter, who was never seen by the therapist, was treated by his parents who used a response cost procedure (e.g., contingently confiscating the child's baseball glove) to inhibit firesetting, together with rewards for returning intentionally misplaced matches without striking them.

Speech dysfunction—Fading and reinforcement have been used to accelerate functional verbal behavior in speech deficient children. Once appropriate speech was under stimulus control, the children's mothers, who had observed training sessions, were able to continue speech training at home. Similarly, a mother was trained as therapist for her 8-year-old illiterate son, and she greatly increased his social and academic skills.

School phobia—Other investigators have used fading and behavior shaping to successfully treat school phobic children. For example, a child was reinforced with candy during several sessions of structured doll play, while his parents were instructed to reward independent behavior at home. Soon the child was attending school accompanied by a special teacher, and he eventually was able to attend school full time by himself. It was also found that socially mediated events appar-

ently exerted greater control over the child's behavior in the latter stages of treatment.

Encopresis and enuresis—In a case where maternal attention seemed to be instrumental in maintaining the soiling of a 9-year-old encopretic boy, treatment consisted of instructing the child's mother to ignore her son after soiling and requiring the child to clean himself. The result was to dramatically reduce soiling. In related studies, parents were counseled in the use of contingent rewards and mild punishment (e.g., social isolation) to eliminate chronic encopresis in their children, and mothers were taught to administer a delayed adversive consequence (a cold bath) to quickly reduce the occurrence of their children's nocturnal enuresis. The efficacy of the latter punishment procedure is somewhat equivocal.

By way of contrast to the above studies, a young child with a history of constipation was treated by informing the child that he could play in the bathtub with his toys as soon as he was able to pass a stool. Within 2 weeks, time spent on the toilet decreased from 2 hours to 15 minutes at which time the child was actively requesting to use the toilet by himself.

Seizures—A 10-year-old girl who experienced somatic pains and convulsions, for which there was no determinable medical basis, was successfully treated by parents who ignored the undesirable behaviors. Recently, another therapist instructed parents and school staff to use a two-component punishment procedure to successfully control the minor motor seizures of four children. Punishment —shouting, "No," and shaking the child once—was applied contingently to behaviors that occurred prior to seizures. For each child the rate of seizures was reduced from 42 to 100 percent below baseline level, although in one case the effects of punishment were transitory.

Self-injurious behavior—A mother was used as therapist to control the self-injurious scratching of her 5-year-old daughter. The mother was trained to record incidents of scratching, and subsequently to reward periods of not scratching with praise and tokens that could be refunded. She was told to ignore scratching when it occurred. Seven weeks later, the child's scratching was all but eliminated. In a related study, multiple treatments—extinction, differential reinforcement of incompatible behavior, and shock punishment—were used to eliminate the dangerous climbing of a young, brain-damaged child. Of the three procedures, only punishment effectively controlled climbing, first in the laboratory and then within the home environment. No undesirable side effects were associated with the use of shock punishment, although punishment effects were reversible and specific to the situation.

Oppositional behavior—Other investigators successfully treated a 4-year-old boy who displayed tantrums and other disobedient behavior by training his mother when she should timeout, reinforce, or tell him to stop his ongoing behavior. In a recent report, a researcher instructed parents in the use of behavioral contracting procedures to strengthen cooperative behavior and maintain curfew in their 16-year-old delinquent daughter. The use of contracting appears promising.

The effectiveness of timeout, extinction, and differential reinforcement in reducing a child's aggressive behavior as well as accelerating his capacity to follow instructions was examined in another study. Treatment was conducted at home with the mother as therapist. A reversal design was used

to demonstrate functional control over the child's behavior. Similar laboratory experiments have also been successful.

Conversely, other investigators recently found that parental use of differential attention procedures may adversely affect children's behavior. Results of two parent training programs showed that four of six children increased their rate of deviant behavior when mothers selectively attended to appropriate activity, one child showed no change under this condition, and one child showed a temporary improvement before getting worse. The inverse relationship between deviance and the occurrence of maternal attention was maintained over several sessions and replicated using reversal techniques. These results are especially intriguing because both the parent training procedures and child subjects were similar to those of other investigators who report far more impressive treatment outcomes. On the other hand, these results underscore the importance of thoroughly assessing the impact of parent behavior modification programs.

Methods of Parent Training

In reviewing methods of parent training, it is instructive to indicate where descriptive deficiencies exist. In many of the studies reviewed, critical training operations received emphasis and were insufficiently described to permit replication by others. Parameters such as the number and duration of training sessions were rarely mentioned; only brief and nonspecific reference was made to other manipulations, including the scheduling of reinforcements, the use of stimulus control variables, ways to maintain parents' reinforcing behavior, fading control of children's behavior from tangible to social reinforcers, and techniques used to instruct parents in gathering reliable data. These important components of an experimental analysis were frequently neglected.

Didactic instruction with individual parents—A common method of training was to instruct parents in behavior principles and allow them to implement therapeutic programs for their children. One investigator, for example, explained basic principles of learning but the parent subjects were mainly responsible for deciding which behaviors to record and developing appropriate treatment plans. Didactic instruction was also used in a number of other cases in which there was little or no contact with the deviant child and training consisted of individual counseling sessions with parents. Role-playing and video-tape feedback were included in the training process in another study.

Group training—Other investigators have employed group sessions to train parents as behavior modifiers. In one study, where both individual and group training operations were used, positive relationships were found between educational level of the parents and success in the project, as well as between test-retest scores and successful therapeutic manipulations. These data suggest that for some parents with poor educational backgrounds it may be desirable to supplement abstract instrumental material with either direct reinforcement to increase parent motivation, or various modeling procedures that can be used to teach through demonstration.

In a comprehensive training program, parents were first taught to accurately observe behavior and record data; next they learned to identify contingencies that control behavior; this was followed by *in vivo* shaping projects using both other parents and laboratory animals as subjects; finally, a review was conducted to discover

how parents were applying principles of behavior control within the home. Weekly homework assignments had to be completed prior to admission to group training sessions. Opportunity to receive individual consultation was contingent upon increasingly higher levels of accomplishment by parent subjects, while a negative consequence —forfeiture of a previously deposited sum of money to an idealogically unattractive group—was also used to enhance and maintain parent involvement. A token reinforcement system used with some parents in another study produced better attendance, punctuality, and completed written assignments. Greater participation and responsiveness were also reported in the token-rewarded parents. Contingency management was used in other studies to increase parental motivation and enhance their investment in behavioral change.

Although group training has the built-in advantage of enabling professionals to deal with several parents simultaneously, it is possible that individual training allows for concentrated instruction on focused objectives which may be conducive to higher levels of competency and skill development. With the exception of one study which found individual training to be less expensive and more efficient than training in groups, group versus individual training has not been systematically examined and thus constitutes an important area for subsequent research.

Laboratory training—A number of therapists have brought parents and child into the laboratory for training purposes. In many cases the investigator first modeled appropriate ways to interact with the child, after which parents would imitate these techniques. One of the few attempts to evaluate the relative efficacy of multiple training procedures including modeling, direct instructions, group discussion, and behavioral direction via a signaling device found modeling by the therapist to be most effective in producing rapid change in parent behavior. The data were by no means conclusive, however. Several other investigators have used modeling and cueing via lights, hand signals, or remote controlled auditory devices to provide ongoing feedback to parents and to otherwise direct their behavior.

A recent project is based upon the use of experienced parents as trainers for novice parents in a laboratory setting. The contention of staff involved in the project is that parents who have successfully handled similar problems with their children can provide support and reassurance to anxious mothers as they enter the program. Preliminary reports appear promising.

Combined home and laboratory training—Some investigators have brought parents into the clinic for training and followed this with visits to the home for further consultation. One research group interviewed parents and teachers in the laboratory not only to isolate problem behaviors but also to determine controlling contingencies and discover possible reinforcers that might be used therapeutically. The investigators then prepared written contracts outlining remediative changes in reinforcement contingencies for behaviors incompatible with the referral problem. Similar use of behavioral contracting has been described by others.

A behavioral program developed in the laboratory to increase the social responsiveness of a young child was shifted to the mother using a fading technique. At home the mother prepared notes describing both the adaptive behaviors of her child and the social reinforcers she was using to

strengthen them. For each note received the experimenters deducted $1 from their fees. These same investigators recently presented a series of pilot studies of six male children using a standardized training procedure for their families. Parent-child interactions were first observed within a laboratory setting, after which the parents were instructed in social learning theory and trained to observe their child's behavior. The entire family then participated in sample intervention programs, the purpose of which was to increase reinforcement for desirable behaviors while concurrently reducing reinforcement for deviant activity. Subsequently, specific behavioral programs for referral problems were implemented using frequent practice sessions with the experimenters to sharpen techniques of differentially dispensing reinforcers. Observations revealed a significant reduction in disruptive behavior at the completion of treatment.

Home training, or a combination of home and laboratory training, allows the experimenter to examine directly the frequency and magnitude of troublesome behaviors. It is entirely possible that parental reports of their child's behavior may be grossly exaggerated; indeed, upon observation the identified problem child may show less deviant behavior than his normal siblings. A standardized interview form might be used to increase the accuracy of parental complaints and observations by requiring parents to first pinpoint disruptive behaviors and then specify prevailing contingencies, procedures for change, and potential reinforcers.

The use of contingencies for parents undergoing training is worthy of additional comment. It is generally assumed that parents are highly motivated to receive training inasmuch as they are the ones most directly affected by their children's disruptive activity. However, many therapists have found it worthwhile to utilize extrinsic reinforcers such as fee reductions, individual consultation, group praise, experimenter praise, and monetary rewards in order to insure active parent participation. As with the modality of parent training, the role and scheduling of external rewards in modifying parent behavior is in need of further investigation.

The use of programed texts on operant techniques was mentioned in several studies although their contribution in parent training has not been thoroughly assessed. Conceivably, texts may sharpen parent's cognitive understanding of reinforcement principles and in this way assist them in acquiring general strategies of intervention which can be applied to alter or prevent subsequent behavior disorders.

Evaluation of Treatment Outcome and Some Methodological Considerations

These studies can be divided into two groups: case studies which usually constituted narrative accounts of treatment programs with neither quantifiable results nor the requisite experimental control to demonstrate casual relationships, and controlled studies in which investigators utilized experimental operations to more accurately assess the influence of their treatment technique. Relying primarily on single-subject designs, these latter investigators have enhanced the scientific acceptability of their findings by objectively measuring target behaviors and by systematically manipulating independent variables to examine their functional role in producing behavioral change.

Observational data—At least two series of observations are needed to evaluate treatment effects—one series

before treatment is introduced and one after. By comparing these pre- and posttreatment observations, behavioral change that covaries with the introduction and removal of manipulated variables can be readily detected. In the preceding studies, observational data were obtained: by parents who were trained to record their children's behavior in the home; by independent raters who were used primarily to observe parent-child interactions during structured conditioning sessions; and by audio and/or visual recording devices.

Notably, some investigators used both parents and independent raters to determine if modifications produced in the laboratory generalized to the home environment, while others reported few if any objective measurements. Instead, the subjective impressions of parents, teachers, and others constituted the principal data source.

Training parents to define and objectively record their children's behavior, including correlated antecedent and consequent events, may be clinically useful. Additionally, measurements performed by parents may acquire a discriminative control function to facilitate positively reinforcing contacts between parents and their children. However, if rigorous demonstrations of behavioral control are of prime importance to the investigator, then carefully trained raters who are unaware of the purpose of the experiment are recommended. Assessments have shown that "being observed" constitutes a stimulus for behavioral change.

Just as different means of data procurement were utilized, the way in which behavior sampling was conducted also differed. In home treatment studies the usual procedure was for parents to record either the absolute frequency of target behaviors or the duration of these behaviors. Conversely, in studies using raters other than parents it was more common for data to be expressed as a percentage function of the occurrence or nonoccurrence of target behaviors during specified time intervals, irrespective of behavior frequency. To allow for accurate interexperiment comparisons of treatment outcome, investigators should select a recording scheme that will insure close correspondence between recorded and actual rates of behavior.

Reliability of measurement—The dependent measures of many investigators were not accompanied by empirically derived estimates of their reliability, a deficit which impedes inferences regarding the efficacy of treatment since there is no way to determine the extent to which one is dealing with error. However, reliability figures based on the percentage of agreement between two or more raters conducting observations simultaneously were cited in many reports. It was found in one study that raters had high agreement among themselves but their agreement with parents who had been requested to monitor their own behavior ranged from 20 to 74 percent and did not improve over time. These and other findings suggest the importance of providing some estimate of the accuracy of parent's observations when they serve as primary data collectors.

Demonstrations of behavioral control—Failure to control for the effect of various extraneous variables precludes unambiguous interpretations of the results of approximately 64 percent of the studies reviewed. In these studies, variables such as history, maturation, reactive measurements, or instrument decay were hopelessly confounded with treatment operations. Consequently, it is plausible that these

unspecified variables rather than treatment may have been instrumental in producing behavioral change. Investigators who demonstrated that treatment operations exerted functional control over children's behavior usually did so by means of reversal techniques in ABAB experimental designs.

Although contingency reversals with accompanying shifts in performance can convincingly demonstrate behavioral control in research with single subjects, some results indicate the hazards of generalizing the efficacy of treatment based upon evidence obtained from limited samples to other subjects with similar problem behaviors.

In clinical research with children it may be difficult to secure parental consent to temporarily reverse treatment procedures, if not altogether undesirable to renew previously troublesome behaviors. Where practical or ethical exigencies preclude reversals, one or more of the following manipulations may be used: yoked controls; independently manipulating subunits of target behaviors; performing contingency changes that have reliable effects on response rate; and reversing contingencies for limited aspects of target behaviors under limited stimulus conditions. Another alternative control procedure is the use of multiple baseline designs, a tactic that can be used to demonstrate functional control across behaviors, situations, and subjects.

The consecutive introduction of multiple treatments with no return to baseline presents an additional design problem which, because of possible cumulative or order effects, renders it impossible to assess the influence of individual treatments alone. Methodological problems of this type were occasionally in evidence.

Followup—Followup observations made after formal intervention has ceased are advantageous for several reasons: to assess the durability of treatment effects; to insure that adaptive child behaviors continue to be positively reinforced; and to provide parents with continued assistance should new problems develop, or conversely, approval and encouragement for their ability to effectively control previously objectionable behaviors. Followups in the studies reviewed ranged from a period of 3 years to 2 weeks. Usually, however, these posttreatment assessments were conducted infrequently, informally, and indirectly. It was uncommon for investigators to return to the home to obtain followup measurements directly.

When performed, followups almost invariably indicated that behavioral improvements were maintained beyond baseline level with no undesirable aftereffects. Nevertheless, the impressiveness of these results might well have been enhanced had more investigators conducted repeated followup probes using observation methods similar to those employed during treatment.

Cost factors—The cost of implementing parent-administered behavior modification programs in terms of both professional time expenditure and reinforcements utilized has been largely ignored. However, these factors should be considered in view of the limited number of professionals available for consultation, as well as the limited ability of some parents to afford professional assistance.

Some researchers have prepared useful guidelines by which to select reinforcing events for children. Among these relatively inexpensive and easily controlled reinforcers are socially mediated events such as parental praise

and approval, recreational activities, and material objects.

Only a few investigators have provided information regarding total time expenditure by professional personnel. In one study an unusually high investment of nearly 47 hours resulted from difficulties involved in retraining a father to use more positive reinforcement and less aversive control in dealing with other members of his family. Another therapist reports that an average of 3.9 hours of professional time was expended to train parents in group sessions to successfully modify their children's behavior. Conversely, when training was conducted individually an average of 2.1 hours was needed. Yet another group used volunteers as behavioral counselors to assist parents in administering therapy programs in the home—a practice which resulted in doubling the number of cases handled and halving the amount of time required for treatment.

Evidence from numerous studies indicates that parents can be used effectively to modify their children's disruptive behavior. Nevertheless, additional controlled research is needed not only to identify critical variables in parent training, including a comparative analysis of different training procedures (e.g., lecture, reading assignments, group discussion, modeling, money contracts, training in observation, cueing, teaching principles of behavior change versus teaching how to modify a specific behavior), but also to determine the most efficient and productive means of maintaining adaptive behaviors after formal intervention has ceased. For this, long-term followups should be routinely conducted.

Poorly defined independent and dependent variables constituted a serious deficiency in many of the studies reviewed. Inadequate descriptions of what was done by whom to alter which behaviors almost certainly preclude replication by others without which the validity of treatment manipulations cannot be established. In several instances, the effects of intervention by parents could have been less ambiguously interpreted had the backup investigator demonstrated behavioral control using either reversal techniques or multiple baseline designs.

Failure to systematically program generalization of treatment effects was frequently encountered. Although generalization of training was occasionally reported, results suggest that behavioral improvement does not necessarily generalize across situations until environmental support is provided to maintain it. Consequently, it may be necessary to involve parents as well as teachers, siblings, and other socializing agents in order to facilitate generalization of training across diverse stimulus settings.

Finally, no mention was made of children who had been trained to perform measurements of their own behavior. This may be a worthwhile procedure to supplement contingency management by parents if only because such training actively involves the child in the modification of his own behavior and it might well produce an acceleration of desirable behavior merely by recording its frequency of occurrence.

Condensed with permission from the *Journal of Child Psychology and Psychiatry*, 14(3):181–200, 1973. Copyright 1973 by Pergamon Press, Ltd. Reprints of original article from Roger C. Katz, Ph.D., Department of Community and Family Medicine, Medical Center, University of Utah, Salt Lake City, Utah 84132

Relatives' Perceptions of Rural and Urban Day Center Patients

Mary H. Michaux, Robert J. Pruim, Shirley A. Foster, and Marvin R. Cholst

Community size plays a significant role in the ecology of and institutional response to mental illness; legal practices with respect to the mentally ill differ between city and country; and size and social structure of a community seem to affect visibility of symptomatology, and hence its consequences and definition.

These findings suggest that concomitant variations in interpersonal transactions involving the psychiatric patient might be expected. It would, therefore, seem reasonable to ask to what extent results of studies of urban psychiatric patient-family interaction can be generalized to rural residents.

Our sample consisted of 49 consecutive new admissions to rural Carroll County Day Center (CCDC); 40 randomly selected patients admitted to urban Baltimore Psychiatric Day Center (BPDC); and a participant close relative of each patient.

In addition to clinical and demographic data, information obtained upon the patient's admission included an assessment of financial hardship occasioned by the patient's illness, extent to which the patient's illness had been a source of distress to the family, and the degree of interpersonal breakdown—e.g., loss of interest by the patient in his family, changes in grooming, and so on.

Standardized behavioral measures included interview rating devices, ward observation scales, self-report inventories, and community adjustment questionnaires. This study focuses on pretreatment data from two measures of extramural adaptation—the Katz Adjustment Scales and the Michaux Stress Index. For convenience, we shall refer to these measures as "attitude" scales.

Our findings suggest that rural families were in better communication with the patient than were their urban counterparts: Expectations of the patient were more nearly congruent with his or her actual functioning in the rural than in the urban group. Relative perceptions of, expectations for, and satisfaction with the patient's role performance more nearly resembled those of the patient himself in rural than in urban families. Rural patients and their relatives perceived about the same level of external stress in the life situation of the patient, whereas urban patients appeared to have experienced environmental pressures of which their relatives were unaware. Urban patients, to a greater extent than rural patients, were seen by their families as difficult and disinterested.

Followup data threw light on the extent to which family perceptions were influenced by circumstances surrounding the patient's admission. Forty CCDC and 33 BPDC patients were evaluated 2 months after their release. After 2 months urban and rural patients were not significantly different in social competence or in level of free-time activity according to informant reports. However, greater dissatisfaction with the patients' performance of role activities and with their leisure time pursuits was expressed by urban than by rural relatives. CCDC and BPDC informants reported approximately the same patient stress level. Disagreements between patients and their relatives at the 2-month evaluation followed a pattern similar to that

observed before treatment. In short, although rural and urban families reported about the same level of patient performance, discrepancies between their judgments of patients were essentially the same 2 months after the latter's return to the community as they had been prior to treatment.

Differential family perceptions of CCDC and BPDC patients cannot unequivocally be attributed to the urban-rural dimension. Here it is important to examine the extent to which CCDC and BPDC samples were equivalent—i.e., clinical and social history data, presenting symptoms, and current circumstances. The course of illness in urban and rural patients had been markedly similar. Although there were more lower class patients in the urban sample, rural and urban day center admissions were considerably more similar than the demography of their respective catchment areas would lead one to expect. Whatever the characteristics of the source population, the typical day patient tended to be a middle-aged, middle-class, white female. The three black patients in the urban sample were not different from their white counterparts of equivalent status.

Relationships between background variables and the attitude scales were found to be negligible.

In this study there appeared to be, despite measurement problems, a certain rational consistency between relative and staff perceptions of pretreatment patient status. Symptoms which were more prevalent and/or more severe in BPDC than in CCDC patients were those which would be expected to affect role performance—i.e., according to staff ratings, urban patients were less adaptable, more impaired, and more perceptually disturbed than their rural counterparts. Carroll County patients, on the other hand, were judged more grandiose and more hostile than Baltimore City subjects. The fact that clinicians saw the urban sample as more impaired and less adaptable than the rural group suggests that differences in relatives' reports of role performance were perhaps largely factual rather than attitudinal. However, a genuine discrepancy between BPDC and CCDC patients in social competence (if such existed) would not account for the fact that relatives' expectations were less congruent with patients' actual performance in urban than in rural families. In fact, group differences in impairment, adaptability, conceptual disorganization, and grandiosity were not observed in the clinicians' 2-month followup ratings. At that time, according to both staff and relatives, urban and rural patients were functioning in the community at approximately the same level. Family dissatisfaction was, nevertheless, greater with the former than with the latter.

These findings are significant in that they call attention to an area in which research is needed—i.e., the psychiatric patient and his or her family as community members. The decision between hospitalization and extramural treatment of patients most often resides with relatives. If the goal of community treatment is to be achieved, then interactions among the patient, his family, and their larger social background—with its particular structure, indigenous norms, and special stresses—must be better understood.

Condensed with permission form *Psychiatry*, 36(2):203–212, 1973. Copyright 1973 by the William Alanson White Psychiatric Foundation, Inc. Reprints of original article from Mary H. Michaux, Ph.D., Chief of Psychological Research, Springfield State Hospital, Sykesville, Md. 21784

Behavior of Free-Ranging Macaques After Intraventricular 6-Hydroxydopamine

D. E. Redmond, Jr., R. L. Hinrichs, J. W. Maas, and A. Kling

In recently reported laboratory research, we found that 6-hydroxydopamine decreased important positive social behaviors of *Macaca speciosa*. We have since moved into the field and studied the effects of central catecholamine depletion on the normal social behavior of free-ranging macaques (*M. mulatta*) living on Guayacan Island.

We trapped six adult females who had been living in one social group for many years and paired them on the basis of known or probable family relationships or by frequent social interactions or social position in the two groups. Two large males, who appeared to be dominant and central animals in their social groups, were also trapped and paired experimentally. The animals were implanted with permanent cannulas placed stereotaxically in the lateral ventricle. After recovering from surgery, they were injected intraventricularly with either 6-hydroxydopamine or the carrier at 12-hour intervals until they had been given 30 mg. Four days after the final injection all monkeys were released across the 80-acre island from their usual territory. They and three untrapped animals who served as field controls were observed about 5 hours a day for 10 days by an experienced observer who was blind to their treatment condition.

The animals treated with 6-hydroxydopamine assumed energy-conserving postures and had blank, affectless faces, while the sham-treated animals appeared to be unaffected. Some mild weakness was noted in the treated animals, but in general they appeared less ill or toxic than the animals treated previously in the laboratory. They all ambulated without difficulty and appeared healthy and physically able to survive in the field.

Upon release, the treated monkeys were slower to leave their cages than the sham-treated controls, who raced away to their infants and families and engaged in normal social activities.

Two of the treated monkeys failed initially to return to their own social group and were seen once in another social group. One of the treated females was driven into the sea by males, but she did not drown. Neither of these animals appeared to be perceptually disoriented or physically debilitated. After several days all the treated females had returned to their original social group but were not often with their social group or were frequently peripheral to it.

Specific social behaviors decreased for the treated group. The treated monkeys were attacked when they first returned to the group, whereas the sham-treated controls were not, and the treated animals initiated far fewer threats or attacks than the controls. The treated animals also engaged in less social grooming and self-grooming and in fewer social initiatives than the control animals.

The treated females, with the exception of one low-ranking field control, were the lowest ranking of all the adult animals observed. This was an apparent change in rank and it was unexpected. The sham-treated male returned to being a well-integrated but lower-ranking male in his original social group, while the treated male

eventually became a solitary peripheral male.

Changes in the treated animals' physical appearance were subtle. They frequently assumed a slumped posture and would look off into space for several minutes at a time with expressionless faces, but they did not appear sedated. They walked with a particularly deliberate and stiff-legged gait. All but one appeared frightened of the observer and would avoid eye contact more than the other animals. The one monkey who was unconcerned about the observer also became more inappropriate in her responses to the ranks and social signals of other monkeys. Her physical appearance and personal grooming steadily deteriorated. Nevertheless, all the animals appeared to be functioning enough to ensure their continued survival.

In general, the observations confirmed and extended our earlier findings in the laboratory. The field situation made it possible to observe more natural behaviors as well as the effects of treatment on stable family and social relationships. Of special interest were two females who failed initially to return to their social group and infants, and one male who returned only briefly. This failure is not considered to be due to the capture, captivity period, anesthetic and tranquilizing agents, cannula insertion procedure, injection procedures, or changes in physical appearance and body image, since these appear to have been tolerated without exception by the sham-treated animals, who returned immediately to their social group.

The treated monkeys in this study seemed to be healthier than the monkeys in our laboratory study, although a wider range of social behaviors was observed and the effects on them were greater. The appearance of the monkeys was similar in both experiments, especially the blank, affectless faces staring into space. In addition, the changes in social behavior were qualitatively similar to those reported for caged *M. speciosa* after brain catecholamine depletion produced by the tyrosine hydroxylase inhibitor alpha-methyl-*p*-tyrosine. Changes similar to those reported here were also noted in a field study of the effects of surgical ablation of the amygdala. A catecholamine deficit might be the explanation for all the observed changes.

Considerable evidence links catecholamines to the regulation of behaviors mediated by reward and punishment. Damage to a "reward-punishment system" in the study reported here might be inferred from the decreased engagement in positively reinforced or rewarded behaviors and from the failure of some animals to avoid "punishment." Monoamine mechanisms have also been implicated in studies of mood changes in humans. Such mood changes might lead to decreased positive social behaviors and social rank, and would also be consistent with the changed physical appearance and the initial failure of some treated monkeys to return to their social group and family. These changes therefore may be relevant to hypotheses relating catecholamines to several human neuropsychopathological processes. This study suggests that the complex and highly evolved social behaviors displayed by free-ranging nonhuman primates may be useful to further understanding the control of behavior by the brain and biochemistry.

Condensed with permission from *Science*, 181(4106):1256–1258, 1973. Copyright 1973 by the American Association for the Advancement of Science. Reprints of original article from D. E. Redmond, Jr., M.D., Laboratory of Clinical Science, National Institute of Mental Health, Bethesda, Md. 20014

The Yin and Yang of Progress in Social Psychology: Seven Koan

William J. McGuire

First I shall describe the experimental social psychology paradigm that has recently guided our research, why this paradigm is being attacked, and why I feel the emerging new paradigm is as inadequate as the one we would replace. Then I offer, in the form of seven koan, my prescriptions for a new paradigm, radically different but more in tune with the times and the march of history than is the variant that is supposedly emerging.

The Old Paradigm

The experimental social psychology paradigm had both hypothesis-generation and hypothesis-testing. The creative hypothesis-generating aspect inclined us to derive our hypothesis from theoretical formulations borrowed from other areas of psychology. The critical, hypothesis-testing aspect attempted to simulate in the laboratory the gist of the situation to which the social psychologist hoped to generalize, and he measured the dependent variable after deliberately manipulating the independent variable while trying to hold constant all other factors likely to affect the social behavior under study.

Assaults on the Old Paradigm

It has been argued that hypotheses should be formulated for their relevance to social problems rather than for their relevance to theoretical issues, reflecting both the increasing social concern of researchers themselves and the demands of an articulate public for greater payoff from expensive scientific research.

An assault also has been launched on the notion that hypotheses should be tested by manipulational laboratory experiments. Not only is the laboratory experiment full of artifacts which make results hard to interpret, but they expose the participants to an unacceptable amount of deception, coercion, and stress. In place of the laboratory experiments there is a trend toward field studies and correlational analysis of data from naturalistic settings.

Inadequacies of the Recent Paradigm

The switch from theory relevance to social relevance as the criterion in the creative, hypothesis-generating aspect of our work masks rather than corrects the basic problem; it fails to catch the complexities of parallel processing, bidirectional causality, and reverberating feedback that characterize both cognitive and social organizations.

The hypothesis-testing aspect of the emerging paradigm is a minor variant rather than the fundamental departure which is called for. We social psychologists have tended to start off with an hypothesis that is clearly true and which we had no intention of rejecting however the experiment came out. If the experiment does not come out "right," then the researcher does not say that the hypothesis is wrong but rather that something was wrong with the experiment and he corrects and revises it. The test is not whether the hypothesis is true but rather whether the experimenter is a sufficiently ingenious stage manager to produce in the laboratory conditions which demonstrate that an obviously true hypothesis is correct.

The flight from the laboratory manipulational experiment to the field study evades the basic problem—we are not really testing our hypotheses.

When our field test of the hypothesis does not come out correctly, are we going to assume not that the hypothesis is wrong but that we unwisely chose an inappropriate natural setting in which to test it, and so we shall try again to test it in some other setting in which the conditions are more relevant to the hypothesis? Increasing skill will make us better finders of situations in which our hypotheses can be demonstrated as tautologically true.

Neither the recent paradigm nor the supposedly emerging one supplies our needs. A fundamentally new outlook follows.

Sources of the New Social Psychology

The new paradigm for social psychology will involve theoretical models of cognitive and social systems in their true multivariate complexity, with parallel processing, bidirectional relationships, and feedback circuits, and will be more in accord with individual and social reality. I here recommend a few needed innovations and correctives to enhance this wave of the future:

Koan 1: The Sound of One Hand Clapping . . . and the Wrong Hand—One drastic change is that we should emphasize the creative, hypothesis-formation stage. If our hypotheses are trivial, it is hardly worth testing them. In my own courses, I stress the importance of the hypothesis-generating phase by describing and illustrating different approaches to hypothesis formation which have been used in psychological research, e.g., case study, paradoxical incident, analogy, hypothetico-deductive method, functional analysis, rules of thumb, conflicting results, accounting for exceptions, and straightening out complex relationships.

Koan 2: In This Nettle Chaos, We Discern This Pattern, Truth—Conventional simple linear process models have outlived their heuristic usefulness as descriptions of complex cognitive and social systems. Students of cognitive and social processes must be encouraged to think complexly, with conceptual models that involve parallel processing, nets of causally interrelated factors, feedback loops, bidirectional causation, etc. Explicit encouragement is necessary since the literature on social and cognitive processes is dominated by the simple linear models, and our students must be warned against imprinting on them. We have to give our students skill and confidence and be role models to encourage them to use complex formulations. To this end we have to give greater play to techniques like computer simulation, parameter estimation, multivariate time series designs, path analysis, etc. in our graduate training programs.

Koan 3: Observe. But Observe People Not Data—In the structure of the intelligentsia, there is a place for the philosopher of mind and the social philosopher, as well as for the scientific psychologist. Between the philosopher of mind and the scientific psychologist there is a difference of putting the question to nature. Even when our theory seems plausible and so ingenious that it deserves to be true, scientists are conditioned to consider that we may be wrong. In our determination to confront reality and put our theory to the test of nature, we contemplate not life but data. All too often the scientific psychologist is observing not the mind or behavior but summed data and computer printout to the exclusion of the real thing.

The student typically enters graduate study wanting to engage in a direct confrontation with reality. All too often the graduate programs distract him. Either the humanists divert him

into subjectivism and twice-removed scholarly studies of what other subjectivists have said; or, if he falls under the influence of scientific psychologists, he becomes preoccupied with twice-removed sanitized data in the form of computer printout. We must restructure our graduate programs somewhat to keep the novice's eye on the real rather than obscuring his view behind a wall of data.

Koan 4: To See the Future in the Present, Find the Present in the Past—Leaders of both the social science and the political establishments have recognized that we need a quality-of-life index (based perhaps on trace data, social records, self-reports obtained through survey research, etc.). Such social archives will also include data on factors which might affect subjective happiness, and analyses will be done to tease out the complex interrelations among these important variables.

In social archives, one essential feature has been neglected—the importance of obtaining time series data on the variables. While it will be useful to have contemporaneous data on a wide variety of social, economic, and psychological variables, the full exploitation of these data becomes possible only when we have recorded them at several successive points in time. Likewise, while a nationwide survey of subjective feelings and attitudes is quite useful for its demographic breakdowns at one point in time, the value of such a social survey becomes magnified many times when we have it repeated at successive points in history. It is only when we have the time series provided by a reconstructed or preplanned longitudinal study that we can apply the powerful methodology of time series analyses which allow us to reduce the complexity of the data and identify causality.

Koan 5: The New Methodology Where Correlation Can Indicate Causation—Most graduate programs and most studies focus disproportionately on descriptive and inferential statistics appropriate mainly to the linear models from the recent paradigm. We should revise the methodology curriculum of our graduate programs and our research practice so as to make us better able to cope with the data of the real world, where the intervals cannot be preset equally, where the subjects cannot be assigned randomly and in the same number, and where continuous measures and normal distributions typically cannot be obtained. Our graduate programs should call the student's attention to new sources of social data, such as archives conveniently storing information from public opinion surveys, and to nonreactive measures of the unobtrusive trace type.

Our students should also be acquainted with the newer analytic methods that make more possible the reduction of the complex natural field to a manageable number of underlying variables whose interrelations can be determined. We and our students must have the opportunity to master new techniques for scaling qualitative data, new methods of multivariate analysis, and the use of time series causal analyses like the cross-lag panel design. More training is also needed in computer simulation and techniques of parameter estimation.

Koan 6: The Riches of Poverty—The industrial countries, where the great bulk of psychological research is conducted, have in the past couple of years suffered economic growing pains, reducing the rate at which scientific research funds have been growing. In the United States psychology has suffered very little as compared with our sister sciences. I am of the opti-

mistic opinion that this privileged position of psychology will continue, that the budgetary retrenchment in the other fields of science is only a temporary one, and that the social investment in scientific research will resume a healthy, if not exuberant, rate of growth.

In fact, I think psychological research has needed a good depression. During the recent period of affluence when we in the United States could obtain government funds simply by asking, we developed some bad habits: We hired many people to help us, and to keep them employed the easiest thing to do was to have them continue doing pretty much what we had already done, resulting in a stereotyping of research and a repetitious output. We neglected the more solitary and reflective intellectual activity of integrating all the isolated findings into more meaningful big pictures.

Affluence also produced the complex research project—with its senior researcher, graduate assistants, research associates, parapsychological technicians, cardpunchers, and computers—administered by the senior researcher who was too busy meeting the payrolls to participate in the data collection or study the results carefully. We can use this time of budgetary retrenchment to cut out some of the waste and distraction and emerge from this period of retrenchment stronger than we entered it.

If the budgetary cutbacks continue, we should rediscover the gratification of observing the phenomena ourselves and experiencing the relief of not having to administer our research empire. Also we should spend a greater portion of our time trying to interpret and integrate the empirical relationships that have been turned up by the recent deluge of studies, rather than simply adding new, undigested relationships to the existing pile.

Koan 7: The Opposite of a Great Truth is Also True—Koan 1 urges that our methodology courses place more emphasis on the creative hypothesis-forming aspect of research even at the cost of less attention to the critical hypothesis-testing aspect, but then in Koan 5 I urge that we, or at least our students, master a whole new pattern of hypothesis-testing procedures. Koan 3 urges that we observe concrete phenomena rather than abstract data, but Koan 4 favors assembling social data archives that would reduce concrete historical events to abstract numbers. My prescriptions admittedly ride off in opposite directions, but sacred writings advise that if any two passages contradict one another, then both are true. It should be recognized that I have specified only a few components of a total research program. Any adequate synthesis of a total program must be expected to contain these and antitheses.

I have described a few of the undercurrents which I believe will eventuate in a new paradigm leading us to further successes. A time of troubles like the present one is a worrisome period in which to work, but it is also an exciting period. It is a time of contention when everything is questioned, nothing seems certain, but everything seems possible.

Condensed with permission from the *Journal of Personality and Social Psychology*, 26(3):446–456, 1973. Copyright 1973 by the American Psychological Association, Inc. Reprints of original article from William J. McGuire, Ph.D., Department of Psychology, Yale University, 333 Cedar Street, New Haven, Conn. 06510

Person to Person Therapy

Phyllis M. Kossar and Gary S. Felton

The indigenous health worker has been described as offering a heightened capacity to enter the milieu of people in distress, an ability to establish and promote peer-like relationships with persons in need, and the capacity to become active in the patient's total life situation and to empathize with the patient's lifestyle.

These important factors were considered in the development of the Human Services Worker Program at the Brentwood VA Hospital. The new professional training program is centered around the veteran psychiatric patient and the community. The program focuses on the development of four principal roles: patient advocate; longitudinal contact person for patients from hospital admission to post-hospitalization community adjustment; integrator of the patient's ongoing treatment process and experiences; and cross-disciplinary worker who under supervision relieves professionals of the less specialized portions of their workload.

The trainees include eight men and eight women. Eight trainees are white, seven black, and one Chicano. The mean age is 32.2, with a range from 19 to 54. One trainee has a B.F.A. degree; 11 had completed slightly more than 12 years of school; three trainees had only a high school diploma; and one person had not completed high school. Their backgrounds included experience as housewife, nursing assistant, secretary, alcoholic, drug dependent, academic dropout, college student, veteran, former mental patient, criminal offender, and community counselor.

One trainee has had experience as a hospitalized psychiatric patient for 5 years and as a human services worker for 1 year. Since her work contributions during her training indicate that she had a special gift for working closely and effectively with hospitalized psychiatric patients, we wish to share her work reflections.

Personal Notes

Encouraging responsibility—I never tell a patient to do anything, as I believe that she is where she is because of her always having been told what to do. The patient must tell me what she wants and together we will get there. Through her doing and my teaching her how to think for herself and how to solve problems, she learns to assume responsibility for her behavior and its consequences. I will be with her, if only for encouragement and to reduce anxiety.

Openness—I respond fully to every question, respecting my patient's feelings enough to tell her everything. I feel that refusals to disclose information to the patient reinforce the patient's illness and her bad feelings about herself. The withholding of information about treatment plans also can create in the patient great confusion, anger, and distrust of treatment personnel, as well as of the system.

Strength bombardment—I discount pathological behavior and encourage the patient's strengths. In many cases we do not yet know etiology and even if we did there is nothing I can do to change it. Also I cannot take away a patient's delusion, hallucination, drink, drug, or depression. I say this because such accompanists have become their world, their defense, and if I try to remove it, I would only be rebuffed with anger. Therefore, we do things together, and in the process the pa-

tient accumulates new tools whereby she can replace her own accompanist.

Focused attention—There are some people I choose not to help and I refer them immediately. I choose not to help them because my time is valuable, and when many patients vie for me to work with them, I must choose to give my time to those individuals who really want to work to rejoin the social community.

Potpourri—My behavior is spontaneous and at times geared toward taking high risks. I trust my patients and in no way fear them. I neither try to nor want to control them. I respect their wants and feelings and encourage them to assume responsibility for themselves.

My main headquarters is a vacant seat in the dayroom among the largest gathering of people. I work my way to everyone, in lieu of having been assigned to a treatment team. What I have gained from my routine has been beneficial to the ward treatment team inasmuch as I know what is going on with the ward both on an individual basis and as a social and community institutional system. I spend the first hour of every day in this manner. I know everyone by first name and insist on informality. I always return at the end of the day to say goodbye and inform my friends when they can expect to see me the next day. If I will not be in, I tell them why.

I do my constructive work with patients outside the hospital walls. We go to amusement parks, lakes, golfing ranges, television studios, sports stadiums, restaurants, coffee shops, or on shopping trips—always in an environment that is healthy and creates equality. I do things with patients that they have not done since prehospitalization, and it is at this time that I can work on actual feelings in the here and now. I give my phone number where I can be reached night or day and when I will be at home. I take patients to my house. I find this helps us form a sharing and caring bond.

My patients always ask to help me and I allow them to do so, even if I have to create things for them to do. I recall moving into a new house and everyone wanting to assist—I let them so they could see that I too need help. One evening I had a group of patients over and we cooked a meal together. Another evening I had my patients to a gathering with some friends and they could see my behavior with them was the same as with my other friends.

My patients and I get angry at each other and we resolve feelings together. I maintain two prohibitions: I never knowingly will disappoint and I never knowingly will be inconsistent. I keep my style of dress simple. I do not inhibit any of my assets or frailties, allowing both my happiness with success in life and my experienced pain and vulnerability to show through. I have heard the patients say, "She doesn't look like staff, and I can't tell it she's one of us." This for me is the essence of the importance of the way I work.

Condensed with permission from *Social Policy*, 3(6):25–30, 1973. Copyright 1973 by Social Policy Corporation. Reprints of original article from Gary S. Felton, Ph.D., Coordinator, Child Health Care Worker Training Program, Children's Hospital of Los Angeles, 4630 Sunset Boulevard, P. O. Box 54700, Los Angeles, Calif. 90054

New Evidence for a Relationship Between Tobacco Smoking, Nicotine Dependence and Stress

G. H. Hall and Cathleen F. Morrison

Many inhaling cigarette smokers apparently become dependent on the nicotine content of tobacco smoke, although why is not yet fully understood. Studies in animals point to nicotine and cigarette smoking having a stimulant action, and this could explain the impression that cigarette smoking in man improves concentration and efficiency. The arousal effects of nicotine could enable the smoker to cope more satisfactorily with an allotted task without feeling anxious, thus explaining why some smokers are calmed by smoking a cigarette. On the other hand, studies of environmental circumstances suggest that nicotine, in the medium of tobacco smoke, may alleviate the effects of stress mediated by psychological or physical discomfort. Smokers do appear to smoke, or to smoke more, when exposed to an emotionally stressful situation. We believe that the experiments reported here provide new evidence for a relationship between cigarette smoking, nicotine dependence, and alleviation of stress.

Male and female rats were trained to press a lever on a shock-avoidance schedule. Sixteen pairs of rats of the same sex, strain, and age were used, one animal receiving 0.4 mg. nicotine kg^{-1} subcutaneously immediately before each training session (nicotine-trained), the other receiving saline (saline-trained). During training, electric shocks lasting 0.5 seconds were delivered through the grid floor of the chamber every 3 seconds. Each lever-pressing response restarted the timer and so postponed the next shock for 30 seconds. Shock levels were increased during training from 0.1 to 0.4 mA. When the rats had learned to avoid most of the shocks, they were placed on a final schedule in which 0.4 mA, 0.5-second shocks were programed every 30 seconds, each lever-pressing response postponing the next shock for 30 seconds. The first day on this final schedule was considered as the first day of the experiment. Each rat was run singly for 60 minutes daily at the same time for 5 days a week throughout both the training period and the experiment.

Saline was substituted for nicotine on the 4th or 12th day of the experiment and this substitution was repeated at intervals of 1 week on 3 other occasions. Nicotine was given before the session on all other days. The saline-trained rats received saline before each session throughout the experiment.

At the beginning of the experiment the nicotine-trained rats pressed the lever more often and received fewer shocks than their saline-trained partners. During the first 3 days of the experiment 13 out of 16 nicotine-trained rats took fewer shocks than their partners. When saline was substituted for nicotine, the number of shocks received by the nicotine-trained rats increased to such an extent that most took more shocks than did their saline-trained partners on the same day. Significantly more shocks were taken by the nicotine-trained rats on the third and fourth occasions—the nicotine-trained rats had become dependent on nicotine and in its absence they coped less effectively than did rats which had never experienced the drug.

The simplest explanation for the

poor performance of the saline-substituted rats is that they were unable to remember the response in the absence of nicotine—a dissociation of learning. On the first saline substitution the behavior was remembered but performance deteriorated after subsequent substitutions. Two pairs of nicotine-trained rats, in which saline was repeatedly substituted for nicotine, still showed behavioral disruption on the 13th occasion after nicotine was withdrawn—evidence that disruption of behavior was not caused by dissociation of learning, as these animals had the opportunity during this time to relearn the avoidance response in the presence of saline.

A second series of experiments studied the effects of withdrawing nicotine in a less stressful situation. In these experiments the avoidance schedule differed only in that a 10-second white-noise feedback stimulus was presented each time the lever was pressed, reducing the stressful effects of an avoidance situation. On the two occasions on which nicotine was withdrawn in these conditions the nicotine-trained and saline-trained rats did not differ in the number of shocks received. When the "safety" signal was discontinued and saline substituted for nicotine on two further occasions, the performance of the nicotine-trained rats deteriorated. Thus the evidence may relate the degree of dependence on nicotine to a particular level of stress.

Administration of nicotine to various species causes an appreciable and consistent increase in plasma and adrenal corticosteroid levels. It has been suggested that effective behavior depends on some optimum level of stress, and the development of successful avoidance behavior in the rat has been shown to be accompanied by increased plasma corticosteroid levels. Thus, if a facilitated adrenocortical response is necessary for effective behavior, this might explain the development of nicotine dependence after an emotionally stressful situation. But recent studies have indicated that the initial increase in plasma corticosteroid levels which follows the intravenous administration of nicotine is not maintained even if the injections of nicotine are continued.

An alternative explanation for the mechanism through which nicotine alleviates the effects of stress is suggested by the results of recent experiments. Nicotine injected intravenously causes an increase in the release of noradrenaline from the hypothalamus. The release of corticosteroids from the adrenal cortex in response to stress can be inhibited by infusing noradrenaline directly into the third cerebral ventricle. In stressful situations, nicotine might therefore act by releasing noradrenaline from the hypothalamus, resulting in the inhibition of corticosteroid release from the adrenal cortex. To test this hypothesis we experimented on an anesthetized cat—nicotine perfused through the hypothalamic region of the third cerebral ventricle caused a reduction in circulating plasma corticosteroids. This effect is only observed if resting corticosteroid levels are relatively high. These preliminary findings offer additional evidence for a relationship between nicotine dependence and the alleviation of stress.

Condensed with permission from *Nature*, 243(5404):199–201, 1973. Copyright 1973 by Macmillan Journals Ltd. Reprints of original article from G. H. Hall, Ph.D., Department of Neuropharmacology, Tobacco Research Council Laboratories, Harrogate, Yorkshire, England.

Ethical Issues in Behavioral Control

D. A. Begelman

Behavior therapists share the assumption that the aim of applied science is the prediction and control of human behavior. Increasingly, however, their methodological goal has been attacked by nonbehaviorists as inappropriate. Frequently the criticism is directed against the manner in which behaviorists suggest control over deviancy can be realized. More often than not, however, these occasions afford opportunities for criticis to voice a more generalized mistrust of the behavioral approach, as if it were itself morally suspect or unsuitable for achieving its professed aim.

Apprehension over behavior modification practices astonishes behaviorists. Their immediate reaction is to cite recent literature documenting powerful techniques that have been used to effect positive behavior change in troubled persons.

Scientific opposition to the practices and claims of behavior therapy is illustrated in the criticisms of proponents of such diverse persuasions as client-centered therapy, existential therapy, psychoanalytical therapy, mixed psychodynamic approaches, and others. While such criticisms may be distinguished from the purely ethical variety, there is nonetheless an interesting relationship between them. Certain scientific criticis of behavior therapy believe that it tends to circumvent many of the deeper issues in the treatment of problem behaviors. As such, their evaluation of the morality of the approach is often a natural consequence of their scientific stance. That is, since they assume behavior therapy is scientifically incapable of meeting the therapeutic challenge, it must be viewed as "artificial." And what is artificial must be judged as morally wanting if advertised widely as an effective means of alleviating suffering.

The alleged artificiality of the behavioral approach is expressed in the charge that it is "mechanistic." However, the logical propriety of this charge is dependent on assuming behavior therapy is ultimately ineffective in meeting the clinical challenge. Thus, behaviorists mistake the accusation of their favoring "mechanistic" modalities as pertaining essentially to features of certain techniques or their application. They then attempt to rebut the accusation by insisting that what is or seems "mechanistic" is nevertheless ethically justified if it is effective. On the contrary, if what is viewed by critics as "mechanistic" were believed by them to be effective in the first place, it is extremely doubtful they would continue to judge it as "mechanistic" in the second!

Since some negative moral evaluations of behavior therapy are linked to an implicit scientific distrust of the approach, it would be fruitful to inquire into reasons for this attitude. I suggest that the criticism can be paraphrased as opposition to the exclusive emphasis on observable behavior, at the expense of "inner," "private" states.

Behaviorists tend to counter the critiscism with arguments that overt behavior is more "important" than the inner state, and such counterarguments reinforce the critic's conviction that behavioral methodology is ignoring important variables. Yet no intelligible meaning can be attached to the concepts "personality problem," "conflict," or "inner dynamics" unless such

things are directly or indirectly expressed. Consequently, it follows that criticisms of a behavioral focus at the expense of sundry inner variables are self-defeating.

Ethical issues arising over behavioral control are not issues over whether behavioral control is morally legitimate, because the concept of behavioral control itself is too wide to permit meaningful moral questions to be raised concerning it. Such questions can only arise in conjunction with undertaking specific types of behavioral control in particular circumstances. Ethical questions can arise over how we influence others, not over the fact that we do.

It is unfortunate that there is confusion between the ordinary and technical meanings of "control." Behavioral control cannot be ethically justified by its resemblance to forms of social control recognized as ethical; it is not like any specific influence on behavior. It is, in fact, the concept represented in all influence.

Behavior therapy is a specific form or technology of behavior control, and, like all other therapeutic approaches, its administration involves ethical issues. Therapeutic practice without exception is inextricably bound up with values, in both subtle and complex ways. Behaviorists hold that the environmental contingencies responsible for deviant behavior are lawfully related to the latter. The laws in question are considered to be identical in form to those controlling normal behavior. For example, the behavior therapist views the sexual deviant not as the victim of some pathogenic process or psychic maldevelopment, but as an individual whose sexual behavior is simply different from that sanctioned as permissible by social codes. Yet it has been acquired on the basis of the same learning principles as have acceptable sexual behaviors. Such a conception paves the way, as it were, for adopting a view of the deviant person as fundamentally the same type of organism as other persons, but who nevertheless behaves differently in the sexual sphere. The conception has enormous moral significance, as it contrasts with traditional views of deviant persons as individuals who behave differently because they *are* different.

The theory that the only difference between persons discriminated as "normal" and "deviant" are the contingencies that shape their behavior is probably an oversimplification. Nevertheless, the theory has been heuristic from a social-planning standpoint since the behaviorists have been more optimistic about the prospect of behavior change through psychological methods than have workers convinced of the causal role of organic or inherited variables. Also, the clinician who is convinced of the causal role of heritability or organic defect tends to be pessimistic about the successful or permanent modification of deviant behavior through psychological methods, while the sociopsychological theorist, in playing down the role of biogenic causation, is correspondingly more optimistic. Such attitudes are largely historical consequences of positions taken on the nature-nurture controversy, although they are hardly attitudes that can be said to follow logically from such positions.

It would appear, however, that the moral perception of the deviant person arising from a primary focus on behavior contrasts sharply with that implied by biogenic theory. Thus, if the explicit confirmation of genetic, hormonal, or constitutional defects in the biology of diverse clinical populations is established, should not such discoveries normally favor the outgrowth of a moral conception of the

deviant individual as "essentially different"? It is rarely noticed that the discovery of a biological defect is as much a moral, as it is an empirical discovery. Investigators are logically restricted to isolating "defects" as the biocausal bases of behaviors already evaluated as socially undesirable. Consequently, the very notion of "defect" is conceptually tied to the social attitude taken to behaviors attributed to it. For example, a genetic or neuroanatomical "factor" may be the causal variable to which Mozart's musical ability may be hypothetically attributed, never to a "defect."

The behavioristic outlook on deviancy favorably equips it to be more critical of alternative moral conceptions which, though time honored, amount to little more than fanciful elaborations of marketplace distinctions. Behavior therapists are consequently in the forefront of that group of social scientists who are currently examining the extent to which much of traditional "diagnosis" may be assimilated to the model of social intolerance.

Perhaps the most telling clue to the past confusion between scientific doctrine and time-bound mores is the mysterious coincidence between the concepts of "conflict" and "maldevelopment" and the violation of social rules, expectations, and proprieties. Thus, a character like Don Juan, under a psychoanalytic formulation, may qualify as a "latent homosexual" if the zest of his amorous adventures transcends the limits of accustomed taste or sensibility; whereas a vow of chastity by a novitiate in a religious order may qualify as sublimation of oedipal problems through sexual mortification. The point is clear: Something is "wrong" with persons who are sexually overactive or underactive, while being either is nothing other than departing from standards of conduct assessed as conventional or unshocking.

If behaviorists can meet what we have referred to as the "scientific" criticism of behavior therapy, what remains regarding particular issues arising from their use? Many issues can arise, but no more than the number arising from the use of any effective modality of treatment. It is in the discussions of particular ethical issues surrounding their use that I find behavioristic commentary disappointing.

A possible indication of weakness in the position of some behaviorists on metaethical issues is the discernible failure to appreciate the complexities of getting from the "is" to the "ought." Moral philosophers view this failure as endemic to naturalistic theories of value. A cardinal axiom of naturalism is the thesis that what is "good," "ethical," or "moral" can be defined in terms of the empirical features of actions or reinforcers. The distinction between the meaning of a moral utterance and the empirical criteria that justify it is perhaps a tricky one, although the failure to observe it may lead to the confusion of morality with sentiment.

Some behaviorists have declared that ethical issues tend to disappear or become pseudoissues when conjunctive criteria for ethical intervention are met. Noteworthy among these has been establishing the efficacy of a proposed treatment technique and allowing the client to be the decision-maker in the value domain. The latter criterion is viewed as met when, for example, a decision as to the direction of behavior change is left to the client, in contrast to professional decisions regarding the choice of technique aptly designed to achieve this. Proposals such as these would appear to involve two assumptions worthy of

examination: Ethical criteria as principles specify the moral character of recommended interventions across a wide range of treatment contexts, and the specific criteria of ethical intervention outlined by behaviorists can withstand metaethical criticism. Needless to say, I regard both of these assumptions as false.

The notion that moral principles unambiguously dictate the ethical character of an intervention is a consequence of the failure to appreciate the open texture of prescriptive rules. For example, a fundamental problem is not over whether client decisionmaking in the value sphere is or is not an appropriate ethical principle, but whether the therapist-client interaction on given occasions satisfies the criterion of client decisionmaking. Since such determination itself depends upon a moral judgment concerning the relationship between events and prescriptive rules, it appears that behaviorists may be mischaracterizing ethical principles as descriptive statements about their own behavior.

The applicability of moral rules to therapeutic procedures can also involve dilemmas arising in connection with satisfying values that conflict. This type of quandary is the situation wherein the therapist feels obliged to satisfy a value when doing so is tantamount to the violation of another rule he feels equally obliged to honor. How does a therapist honor both the value of human life and the freedom to decide one's fate when a patient makes a suicidal attempt which could be frustrated by a simple intervention?

A frequently encountered behavioristic view establishes therapeutic efficacy as a criterion of ethical intervention. Accordingly, it is felt that ethical issues, as crucial as they are to contexts in which doubts concerning the effectiveness of a proposed technique cannot be dispelled, disappear once such information is supplied by research. It is, however, a short step to take from this assumption to a graver outlook. The identification of the ethics of administering a treatment procedure to a patient with its assumed efficacy is a fundamental tenet of the *parens patriae* legacy of psychiatry. Under *parens patriae,* the divestment of criminal law is associated with the power of a professional establishment to broaden its authority over the most essential life decisions of the institutionalized patient. A professional swan song thus emerges from the reality of institutional control: Professional judgment must replace the individual right to decide on matters of detention and treatment. At its worst, the "protection" of the troubled involves the usurpation of civil rights, justified in order to manage the therapeutic interests of those who are too poor in "judgment" to manage them.

In conclusion, it may be noted that the moral presuppositions of therapeutic practice are such that they confound the construction of formulas to do the work of moral judgment. The same is true for contrived distinctions between the ethical "neutrality" of amassing knowledge as opposed to applying it. The neutrality of creating knowledge is at best contingent upon the moral assumption that such knowledge will not be abused when applied. Proponents of the amorality of using certain techniques of behavior change do not belong in therapy, because they do not belong anywhere.

Condensed with permission from the *Journal of Nervous and Mental Disease,* 156(6): 412–419, 1973. Copyright 1973 by The Williams & Wilkins Company. Reprints of original article from D. A. Begelman, Ph.D., Division of Social Sciences, Kirkland College, Clinton, N.Y. 13323

The Rights of Children

Leonard Edwards

In this article I address myself to two questions: What are the recent trends in juvenile law concerning the rights of children? and What steps should be taken to comply with these trends? I focus on the legal protections accorded to children and include sections on each stage of a minor's projected case. Generally my positions is that: The formal legal process should be used only as a last resort; the conduct considered delinquent should be limited; alternatives to the institutions and out-of-home placements should be developed and utilized; and the cases involving more serious offenders should include adjudicatory procedures consistent with due process.

Detection of Delinquency

Those detecting delinquency should have guidelines on what action to take. Their overriding policy should be to settle the matter without arrest or other formal legal action. The police now dispose of more than 50 percent of their juvenile contacts without formal action; that figure could be increased by using short detentions or taking the minor home or to a neutral setting. There should be few if any arrests for truancy, curfew violations, or for being beyond control of one's parents or school authorities. Runaway cases should not result in arrests unless the child needs protection. Citations should be issued for petty law violators.

When a probation department or similar agency is called on for assistance by a family, those receiving the request should react in a similar fashion.

Institution of Legal Proceedings—Decision at Intake

When a law violation or other juvenile problem is reported, the first probation or intake officer who receives the case must make an important decision: Can the case be settled without formal proceedings? He should attempt to: settle the matter without action; utilize consensual agreements and informal promises; and refer matters to community agencies that can offer assistance.

If the case cannot be settled informally and a petition is filed, a full explanation of what that means should be given to the minor and his parents. All should be informed of the right to counsel, and the child should be told that he can have counsel regardless of his parents' desires or their financial assets.

If the minor is in custody, the law should require swift action by the State and immediate contact between the minor and his family or attorney.

If the intake officer recommends that the minor remain in custody pending his trial, legal procedures should be undertaken promptly: Parents or relatives should be notified immediately. The minor should be permitted two telephone calls to adults. An attorney should be appointed or made available for consultation.

The petition should be filed in a short time (within 4 hours), and the minor should be taken to a detention hearing shortly thereafter (within 24 hours) so that a referee or judge can rule upon the minor's custody status. If the minor is released without a petition being filed after being detained for more than several hours, his family should receive a written explanation of the reasons for that detention.

Finally, to enable the policeman and the intake officer to make alternative

choices, other dispositional procedures should be adopted by statute and declared appropriate unless special enumerated circumstances prevail and compel taking the case to court: A traffic court for traffic problems, a drug program for first-time drug offenders, a school relations board for truancy and other student problems, separate housing facilities prior to court hearing, an intake center separate from the probation department.

There are sound arguments for the creation of alternatives to the formal court process. Cutting back jurisdiction would benefit both the courts and those others involved with the problems of children.

The Detention Hearing

If the intake officer recommends that the minor remain in detention prior to his jurisdictional hearing (trial), the minor has the right to a hearing before a judge or referee for final determination of his custody status. At this detention hearing the formal petition is read and explained to the minor. His constitutional rights should be explained to him, and his parents or relatives and an attorney should be present.

The overriding policy for the judge or referee should be to avoid detaining the minor by making use of such alternative resources as halfway houses. But it is difficult to persuade a judge to release a minor when the intake officer has recommended detention. Two propositions seem important to emphasize: First, time spent in custody prior to the jurisdictional hearing does not greatly benefit the minor or the probation department and certainly costs more than most alternatives. Second, the minor in custody receives more punitive and coercive treatment when he reaches court than does the minor who remains out of custody.

From my courtroom experience I have concluded that the minor who comes to court in custody receives harsher treatment at the sentencing stage than does the minor who remains out of custody. Judges are less likely to order great changes in family structure when the minor comes to court with his family. The presence of the family is an indication that a community-oriented placement is presently working and should be continued. The likelihood of separation from the family is increased when the minor is in custody and the family's expectations have been lowered.

The attorney will become a more important figure at the detention hearing. First he will make certain that all legal formalities have been completed. Second, the attorney will be able to determine whether there is probable cause to believe that the minor violated the law. Third, he will be the person prepared to articulate the alternative program to detention.

If the minor is detained, the facility should be in all respects adequate to insure proper living standards. It should be separate from adult facilities. And it should distinguish between delinquents and other kinds of children.

The Jurisdictional Hearing

The jurisdictional hearing is the trial stage at which the trier of fact determines whether the petition is true. If the petition is not contested, any admission must be made after a full advisement of rights in language the minor can understand. Here I have a suggestion: The judge should inform the minor and his parents what the proposed disposition (sentence) is. Any time the State plans to take coercive action without complete family approval, the State should provide an attorney for the child (or parents).

If the petition is contested, the hearing should provide the minor with

all the requirements of due process of law. These should include the right to an attorney, the right to confront and cross-examine those who accuse him, the right to call his own witnesses and compel their presence, the use of rules of evidence as applied in criminal cases, and a standard of proof which requires the probation department to prove the allegations true beyond a reasonable doubt. The minor also has the right to have an impartial judge decide his case.

Waiver or Fitness Hearing—Who Are Juveniles?

Given the special treatment that children are supposed to receive in juvenile court, two questions become important: Who are juveniles? and What procedures should be followed to determine whether a particular person is a minor for the purposes of juvenile law?

Many States simply declare a cutoff age, 18 or 21, and refuse to permit anyone beyond that age from appearing in the juvenile courts. Moreover, a minor less than the cutoff date may be found to be "unfit" or not amenable to juvenile court treatment, and his case is then referred to the district attorney for prosecution under the general law.

I suggest that the juvenile judge be given discretion to accept and rule on cases of persons older than the statutory age. The decision should be made in light of the individual's development, maturity, independence, receptiveness to treatment, and other similar factors, and not solely on the nature of the law violation. Recognizing that the juvenile court must and will serve a protective function for society, the waiver or unfitness concept might simply be abandoned. Thus every person under the given age of 16 or 18 would be treated by the juvenile system. Serious law violators would not be passed on to the adult court simply because of the nature of the alleged violation. Rather the juvenile court would have the full authority to rule on and dispose of the case to meet the need of the minor and those of society. Of course if the minor chooses to waive jurisdiction, the court could grant that request.

Statutory schemes also should recognize differences between 22- to 25-year-old violators and what we would all agree are full-grown men. One possibility is a second stage of juvenile courts or youth courts.

Finally it is necessary that an attorney be present at any waiver or fitness hearing. This was the holding in *Kent v. United States* some 6 years ago when the Supreme Court took its first major review of juvenile court practice, and that holding is of even more importance today.

The Dispositional Hearing

This is the so-called sentencing stage of a child's case, when the court decides what will be done as a result of a delinquency or beyond control finding.

This is by far the most important stage of the proceedings, the one in which all parties have the greatest interest. More cases in our courts are contested at the disposition than at jurisdiction.

The dispositional stage is particularly important in the present state of juvenile practice because so many of the cases coming to the court could and should have been diverted earlier.

At the outset it is evident that the minor and his parents are at the mercy of the court. The violation has been sustained or admitted, and now the judge will read a social report prepared by the probation department. This contains family and personal background, statements of the minor and parents, prior referrals to the

juvenile court, progress on probation, school progress, expert reports such as psychological evaluations; it usually concludes with an evaluation and recommendation. The law sets no limits on the contents of such a report, and hearsay evidence often constitutes a major portion. The minor and his parents who appear without counsel are almost helpless against this carefully worded and documented report.

It is at the dispositional stage that I believe the attorney can make his most important contribution to juvenile justice. Although the defense attorney is not trained in the social sciences, he is probably not as familiar with the sources of the report, and traditionally has at best been limited at disposition to an articulate appeal for lenience, a plea on behalf of his client for one more chance. With some preparation, the attorney can be the final articulator of the goals of juvenile justice and can present to the judge appropriate alternatives to the probation department plan.

The easiest alternative is a community-based program offering training, work, special counseling, or some other form of treatment for the minor. Other community programs the attorneys can devise themselves, such as counseling, community work projects, police rides, day-care supervision, and expert treatment. The judge may recognize these as attractive alternatives to institutionalization. Finally, the judge may be influenced by the fact that the proposed program comes from the minor and his attorney and has the minor's endorsement.

I hasten to add that this is a controversial approach. The probation department objects. Lawyers object because such social programs are foreign to their traditional legal orientation. The juvenile judiciary objects because the adversary process is thereby injected into a system which supposedly acts on behalf of the minor and therefore needs no opposition or argument. Those who pay the bill for juvenile justice complain because they see attorneys and social workers doing the job they pay other departments to do.

To the probation department I reply that whenever they wish to do something to the minor "on his behalf," and the minor or his parents resist the proposal, a final check is necessary. However benignly motivated and executed, the deprivation of a child's liberty is punishment.

Lawyers could be assisted in the preparation of social reports, and they need only present the program in court. The best of the private bar have been doing this kind of work for years in custody cases and other kinds of social and family problems.

The judiciary should be pleased with such a development because it gives the judge an opportunity for meaningful decisionmaking at disposition, rather than application of a rubber stamp to the probation department's programs.

Regarding the costs of the extra workers, time, and effort, I believe statistics will show that the expenditure for one social worker will actually save money for the juvenile system. These savings include keeping minors out of institutions, finding workable placements that no one else could have located, and working with the family in a way the probation department may have been unable to do.

To summarize, I believe the attorney will and should become a more integral part of the disposition in juvenile cases and that he has a great contribution to make.

Review, Modification, and Appeal

It once was that juvenile cases were decided, placements made, and then the child was forgotten. Although

minors still wait for months in custody before placement, the current trend both in statutory and appellate law is for closer review of case progress after disposition. Indeterminate sentences will remain a part of the juvenile law, but they will be subject to review by the court after 3, 6, or 12 months. The attorney will play a more significant role in these reviews.

Of course if the child and his attorney disagree with a ruling, they can take their case to the appellate courts. This will be a major trend in the next 10 years; it is the natural and anticipated means of change in our legal system.

The Attorney in Juvenile Court

I believe the attorney can be and is a valuable asset to the functioning of the juvenile justice system. Our experience is that attorneys make the courtroom activities proceed more smoothly. He also serves as an insurance policy that the juvenile system will follow the statutory and constitutional mandates governing it.

Attorneys bring problems also. Perhaps the earliest role for an attorney to play is that of the person working against the system at all costs. Attorneys often refuse to believe that probation officers and juvenile judges have any good intentions toward their clients. Attorneys also sometimes strengthen the minor and his family's distrust of court procedures and proposed programs. The attorney can give the minor false expectations of what will happen in court and thereby diminish any program's chances for success.

Another problem involves the dominant role the attorney plays in the minor's decision process. The fact is that a skillful advocate can persuade a minor to do almost anything he, the attorney, wants him to do. In cases without parents or when the minor is handicapped, or when the minor is particularly attracted to the attorney, the problem is magnified.

Even after providing the minor with information, advising him of alternatives, and explaining to him his legal rights, the attorney finds himself faced with sensitive decisions in which he is deciding what he believes the minor wants. All that I can suggest is that the attorney carefully discuss the matter with the minor and then make the appropriate decisions depending on the minor's desires and his best interests.

Condensed with permission from *Federal Probation*, 37(2):34–41, 1973. Copyright 1973 by the Federal Probation Quarterly. Reprints of original article from Leonard Edwards, J.D., University of Bergen, Institute of Sociology, Bergen, Norway. (Dr. Edwards is on leave of absence from his position of deputy public defender in Santa Clara County, Calif.)

The *Mental Health Digest* will cease publication with the December 1973 issue.

Changing priorities and needs have made the cancellation of the *Digest* necessary at this time, but the new Alcohol, Drug Abuse, and Mental Health Administration will continue to disseminate reports and publications in accordance with its mission to keep the public and professionals informed of important developments in research, manpower development, and service delivery.

Your comments and suggestions are welcome at any time. Please write:

Office of Communication
Alcohol, Drug Abuse, and Mental
Health Administration
5600 Fishers Lane
Rockville, Md. 20852

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND
MENTAL HEALTH ADMINISTRATION
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20852

OFFICIAL BUSINESS
Penalty for private use, $300

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W.
HEW 389

DHEW Publication No. (ADM) 74–30
Printed 1973

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL ADMINISTRATION